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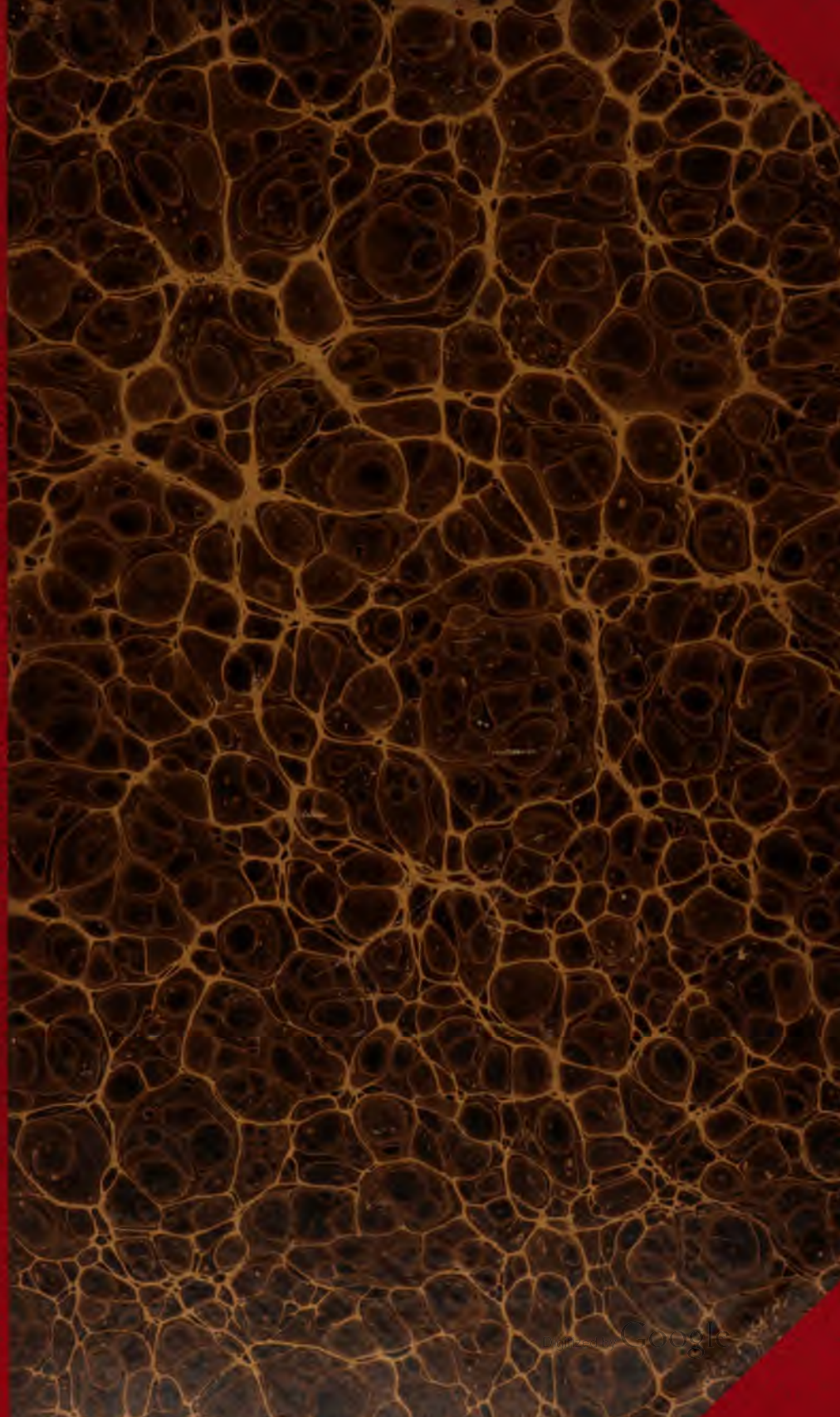
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Drs. T. S. POWELL, R. C. WORD, W. T. GOLDSMITH.

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# Southern Medical Record.

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## ORIGINAL AND SELECTED ARTICLES.

### *THE ACTION AND USES OF DIGITALIS.*

BY A. G. HOBBS, M.D., OF INDIANA.

When digitalis is gradually introduced into the system, three stages are observed.

1. The frequency of the pulse diminishes, and the arterial pressure rises.
2. The frequency of the pulse is still more diminished, but the arterial pressure falls.
3. The frequency of the pulse rises, and the arterial pressure falls still lower.

The action, though, that we more frequently observe, especially from large doses, is that in which the pulse is lessened in frequency but rendered fuller. This is the action that we generally seek, especially in cardiac and inflammatory troubles.

According to Binz, digitalis has a special stimulant action upon the pneumogastric nerve in its whole extent, from its origin to its terminal fibres in the heart, directly exciting the muscles of the heart to action. This explains the *modus operandi* of its action in opium poisoning, where death is imminent from the stoppage of the heart's action.

Lethal doses have a directly opposite action upon the heart, that of paralyzing its action. If it be given in inflammatory diseases accom-



panied by fever, not only does the pulse become less frequent, but the temperature becomes lower, the local inflammation is thus cut short, said by some to be aborted.

Physiological experimentations have proven that digitalis lessens the calibre of the arterioles. When the smaller arteries are lessened in calibre, the larger ones necessarily become fuller; thus is the empirical fact physiologically explained, that digitalis renders the pulse fuller. A lethal dose is followed by a transitory rise of temperature, which is soon succeeded by a marked and sustained reduction. This action is explained by Ackerman thus :

Owing to the increased resistance from the diminution of the calibre of the arterioles, the actual energy expended by the heart is first converted into heat till the heart is toned down, as it were, and becomes accustomed to the resistance. Then the slowing of the circulation hinders the combustion process in the lungs, and the increased arterial pressure facilitates the dissemination of heat from the surface, consequently the temperature falls.

On the other hand, when extremely small doses are given, the first sensation is that of coldness, followed in a few hours by a rise in temperature; this is supposed to be due to vaso-motor irritation.

It is thought, from its physiological action, that digitalis should have a somewhat similar action to ergot on the enlarged uterus, that of stimulating to energetic contraction its muscular fibre, and thus acting as a valuable remedy in uterine hemorrhage. By its quality of causing the contraction of the arterioles, it diminishes the blood supply to the erectile tissue of the penis, and thus acts as an anaphrodisiac.

It has always been thought that the diuretic action of digitalis was indirect, due to its action upon the heart, increasing the blood pressure and thereby stimulating the process of osmosis in the kidneys; but Lander Bronton has recently demonstrated that its diuretic action is due to a special action upon the malpighian tufts.

This agent perhaps has a cumulative effect which is due to the retention of digitaline in the circulation. This is an effect never observed, however, except when the dose is so immoderately large that the kidneys cannot eliminate it all.

But this is no unique action of digitalis, as it was thought twenty years ago; any other powerful remedy, given in sufficiently large doses and continued a sufficient length of time, will display the same phenomenon.

Digitalis lengthens the period of systol, tones the heart and strengthens it. This is done partly by a direct action upon the heart's muscle, and partly by stimulating the cardiac inhibitory fibres of the vagus, which, when stimulated, hold more forcibly in check the rapid beat produced by the sympathetic.

Digitalis was formerly called a heart sedative instead of a heart tonic, because it controlled or sedated those violent palpitations or flutterings of the heart which were supposed to be due to overaction, when in reality they were typical symptoms of a weakened heart—a heart that had a blood current to propel, and had not the propulsive force, like a locomotive starting up a grade without sufficient steam to overcome the momentum of the train; it exhausts its power by frequent and ineffectual strokes, the engineer puts on more steam, that is gives it more power; its strokes become slower and more regular, and the train moves on.

*Uses.*—In those violent and ineffectual contractions of the heart which follow carditis, its action is marked.

In that ordinary affection known as palpitation, which is so often due to sympathy with some other organ, or to some neurosis affecting the guiding nerves of the heart's action, especially the vagus, digitalis is very useful.

If it be true, as we have every evidence to believe from physiological investigation, that it diminishes the calibre of the smaller arteries, it is indicated in hemorrhages particularly those due to degenerative changes in the lungs and in capillary hemorrhage of any kind, especially where the hemorrhagic diathesis is displayed. Upon this hypothesis I always combine it in my prescriptions for chronic gleet, spermatorrhea, etc., where an erect penis is detrimental to an early cure.

Digitalis is not suitable where a rapid effect is desired. For instance, Traube claims that its antipyretic action does not show itself until from 30 to 60 hours after it has been first used.

It is useful in hæmoptisis accompanied by fever, especially where bloody mucus is spit.

It has been used in post partum hemorrhage, but its action is so slow that I should hesitate to confide much in it.

Some claim that it has acted like a charm in menorrhagia.

In using it in all the above cases where the *rationale* of its indication is founded upon its property of contracting the arterioles, I should always combine it with ergot.

Its utility in scarlet fever is without doubt; it lowers the temperature and maintains the action of the kidneys, thus obviating the two principal sources of danger in that disease.

It is recommended highly in rheumatic fever, but my scanty observation does not confirm its beneficial effects.

There is considerable evidence that it is serviceable in pneumonia; in fact, it has its several advocates as a useful remedy in each and all of the inflammatory affections.

Its greatest field of usefulness is in the cardiac troubles. Bartholow

says that in general terms it is indicated when the action of the heart is rapid and weak, and the arterial tension low, and is contraindicated when the action of the heart is vigorous, and the arterial tension high. In simple hypertrophy and stenosis, where both are compensatory, digitalis is worse than useless.

It is valuable in all heart lesions, where there is want of compensation, by its action upon that organ in restoring the mechanical balance of the circulation.

It may be put down as a general rule never to administer digitalis where simple hypertrophy of the ventricular walls exists. When the hypertrophy is being toned down by fatty degeneration, and secondary dilatation is taking place, digitalis may be called for as a temporary relief, but in this case it, nor anything else, can afford the poor sufferer any permanent relief.

Many practitioners, without studying closely the action of digitalis, conclude that it is indicated wherever and whenever they find cardiac diseases; in fact, they will administer it in all heart troubles, whether organic or functional, in nervous palpitations or in valvular lesions.

Suppose we take two hypothetical cases: First, we have a laboring but weak and frequent heart beat; the pulse is soft and the artery is incompletely filled at each pulsation; the patient becomes weak and loses muscular tonicity; as a consequence, the arterioles dilate, and the blood passes on to the veins' side of the circulation, but, after reaching the right ventricle and thence the lungs, it cannot rapidly re-enter the left ventricle because of its dilatation and consequent loss of propelling power; thus is there a congestion of the lungs brought about. But suppose we administer digitalis in this case. The heart is toned and strengthened, an hypertrophy of the ventricular walls is induced to compensate the dilatation, and secondarily the arterioles are contracted. The blood is now propelled through the aorta with more force, and the pulmonary veins can empty their blood into the left ventricle more rapidly and thereby relieve the pulmonary congestion and restore an equilibrium to the circulation.

In the second hypothetical case we have a full, strong heart-beat; the pulse is firm and cord-like; the pulsation of every superficial artery is plainly visible. These symptoms are intensified by the febrile condition, and, if allowed to continue, will perhaps induce arteritis, or it may be congestion of the brain, from the imminent volume of blood thrown into the weak-coated cerebral arteries. Hypertrophy already exists in this case, and digitalis is certainly contra-indicated because we do not wish the already dangerous condition intensified. Aconite will act well in this case, if not continued too long. In fact, where digitalis is indicated in cardiac diseases, aconite is contra-indicated, and *vice versa*.

Many experimenters have advocated the use of digitalis in nervous diseases, such as acute maniacal delirium, chronic mania, delirium tremens, etc., etc. Combined with iod. pot. it was the great Trousseau's treatment for exophthalmia goitre.

It is a generally useful remedy in dropsy, and an especial one in dropsy of valvular lesions and renal dropsy from acute desquamative nephritis.

In opium poisoning it should always be given in connection with atropia to prevent failure of the heart's action.

This very extensively applicable remedy has its advocates as a special remedy in other diseases that I have not mentioned. In fact, it is one of the most universally useful remedies in our armamentarium.

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### *SOME OF THE CHEAP PREPARATIONS OF THE BARK.*

BY T. B. GREENLEY, OF KENTUCKY.

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#### CINCHONIA ALKALOID.

Within the past twelve months I have used several cheap preparations of the bark, viz.: Cinchonia alkaloid, both plain and prepared; and also what is called dextro-quinine. The former of these preparations is from the house of Messrs. Powers & Weightman, and the latter from Messrs. Keasby & Mattison, both of Philadelphia.

Up to the first of January last I had reported some twenty or more cases of intermittent and remittent fever in which I had used the alkaloid preparations successfully as a substitute for quinine. Since that time I have treated as many more cases with equal success. These cases were mostly intermittent, but I found that they answered also very well in the remittent type of malarial fever.

They are extremely well adapted to children or even others where there is great intolerance of medicines on account of disgust of the stomach for everything in that way. They can be rubbed down with loaf sugar or mixed with cream, and given to a child when it will not be conscious of taking medicine. The same may be said of other patients where great disgust for medicine exists. It is a hard matter to mix these medicines with water.

I have found that it is always best to allow the patient to have acidulated drinks while under treatment. The dose of the plain alkaloid is much smaller than the prepared, being about half the bulk of the sulphate of quinine. The prepared alkaloid consists of 12 parts the medicine to 60 parts of sugar of milk, and 1 part bicarb. soda; and consequently makes the bulk much larger, and renders it necessary to give about four times as much at a dose.

These medicines are entirely exempt from the bitter taste that naturally belongs to quinine and other preparations of the bark. This want of taste in that respect is due to their insolubility in the mouth; hence the necessity of the use of acidulous drinks during their exhibition to aid their solution in the stomach. We occasionally find a patient with sour stomach who may not need the acid drinks. The acidulated drinks may consist of either lemonade, sometimes vinegar and water, hard cider or butter milk, all of which will aid the solution.

#### DEXTRO-QUININE.

I find the dextro-quinine a most admirable preparation for the treatment of intermittent fever. Besides its anti-periodic effect, it seems to possess a bracing, tonic property which is well adapted to the treatment of that variety of malarial trouble.

This medicine is prepared from chinoidine, a principle left as a residuum in the preparation of the salts of the bark, and will not crystallize; consequently contains more or less of all the elements of the bark.

The dose in bulk is not so large as that of sulphate of quinine, as it is heavier.

The cost of these medicines is not half as great as that of quinine, which is quite an item to be considered with poor people, as well as with most country doctors, who in many instances have to furnish medicines without compensation.

I apprehend they will soon attain great reputation, both among the profession and the people.

Thanks to the proprietors for samples of these preparations.

---

#### LOSS OF HAIR.

BY JOHN V. SHOEMAKER, A.M., M.D.

Hair is merely modified epithelial tissue enclosed in follicles, and is found over almost the whole surface of the skin. It may be long, as on the scalp, short and thick, as on the eye-lashes, or soft and delicate, as over the greater part of the surface of the body. The length of the hair ranges from one line to one yard, and varied much in the two sexes and in the different parts of the body. According to the accurate observation of Wilson, the thickness of the hair ranges between 1-1500 to 1-400 of an inch, being finer in children than in adults, and coarser in women than in men.

As regards color, the hair may be either black, gray, white, light brown, dark brown, red, chestnut, or flaxen. The hue will be modified according to the quantity of pigment present and the manner in which it is arranged in the fibrous part of the hair. The hair is lightest in Northern climates and becomes darker as we pass southward. The hair acts as protection in both cold and warm climates. It is of

service in assisting to maintain the temperature of certain parts of the body, and assists in eliminating some of the effete matters from the system. It is a means of defense for the eyes and the nostrils, and in certain occupations prevents the entrance of dust into the lungs. It likewise serves to adorn and beautify the features. Its loss, which is of frequent occurrence in young persons and in those in the middle period of life, is therefore, not only a source of great inconvenience and distress, but also of great disfigurement.

This important part of the economy seldom receives proper attention from either physician or patient. Patients should be made aware of the evil resulting from neglecting the hair, and physicians should understand thoroughly how to prevent its loss; and, when such loss occurs, the proper manner of treating it and avoiding disfigurement should be known.

The hair may fall out in patches or by general thinning, and it is to this latter class of cases that I shall briefly allude. The shedding of the hair by the atrophy of the tissue with the advance of age is preceded by general thinning, but as it is a natural change it should not be regarded as a disease, and will not, therefore, require any particular attention. Loss of hair, as a result of diseased action occurs in both sexes, but more frequently in males. It may occur at any period of life, but is most common in young adults. It may concern the entire surface, or only a portion. It usually, however, involves the scalp or the beard. When the disorder involves the head it usually begins about the vertex and extends until all the superior and anterior part of the head is bereft of hair. The hair may be shed rapidly, coming out especially during the act of combing or brushing; or it may fall out slowly and progressively, and this is the course in the majority of cases. In one variety of the disease, the scalp is to all appearances healthy, no crusts or scales being present. The hairs are dull, wanting in pigment, and when compared with the healthy hairs on the side and back of the head are found to have decreased in both length and thickness. These hairs are cast off from time to time, and are replaced by finer ones until the entire superior and anterior portions of the scalp are filled with very short and fine hairs. The disorder speedily progresses for years without attracting the patient's attention until the loss is pointed out by some friend or acquaintance.

If the diseased condition is not arrested, the small downy hairs will in turn be cast off until the crown of the head becomes permanently bald. In these cases the hair over the rest of the body usually goes on growing in the natural condition. The patient, during the period of the shedding of the hair, will appear to be in good health, but a careful examination into the case will reveal the evident cause of this disorder. It will be found, as has been suggested by Von Barenprung, that this variety of the disease is due to a failure in the nerve power of the part. It occurs among those who are over-worked, either mentally or physically. It is most liable to result from excessive mental strain, especially among professional men and men of active business duties. It is observed to result from unsuitable food, debilitating diseases, anxiety, grief, fast living, heat, neuralgia and rheumatism.

The next variety of general thinning of the hair occurs also upon the crown of the head. The scalp is covered with dry scales or crusts of



various dimensions, or both may be present in the same case. Excessive cell proliferation takes place all along the course of the follicles. The small dry and white scales are loosely distributed over the different portions of the scalp. When the surface is closely examined with a magnifying glass, the scales are found to plug up all the open follicles. If this scurfy material is detached the surface of the scalp will present a gray and atrophied appearance. The hair is dry, withered, and lacks lustre. It is detached slowly and successively in combing, and even during the ordinary movements, until it becomes very thin or permanent baldness occurs. The crusts when present are firmly attached in the follicles, and when removed will expose a red and unhealthy condition of the part. If the scalp is not properly cleansed in either case, the accumulation of discharged sebum will alter and obliterate the follicles. This abnormal condition of the part will sometimes cause itching, and the scratching thus induced may cause eczema. This secondary change may mat the hair and crusts together and quickly kill the growth of the hair.

Those who are afflicted with this variety of the disease will generally have a lowered vitality, which will be expressed in cold extremities, dry and pale skin, or in some functional derangement. Syphilitic poison may give rise to an infiltration, or ulceration around the sebaceous glands and follicles, and so result in the loss of the hair. Ringworm in children will often lead to destruction of the follicles and end in baldness of the affected part. Among other prominent causes are erysipelas, variola, lupus psoriasis, dyeing the hair, long-continued pressure on the scalp, and wearing coverings on the head that cause profuse sweating. Although the scalp is more abundantly supplied with hair in women than in men, owing to the hair being more scanty over the rest of the body and the superabundance of nutritive pabulum being carried to the head, yet the majority of women prevent the hair from growing in the proper manner. It is the incessant curling, crimping, and the injurious modes of dressing the hair that destroy its beautiful, soft and glossy appearance, and arrest its growth. It is also the bleaching and the powdering of the hair that render it dull, plug up the follicles and cause it to be cast off in handfuls.

If the hair received the proper attention, many cases of general thinning and premature baldness might be prevented. The use of close-fitting hats and bonnets and the tension of the hair should be avoided. It should be exposed to the air every day as this will assist in nourishing it. It should likewise be regularly cleansed by bathing with soap and water, as with the rest of the body, so as to wash off the effete material that exudes from the surface. It is impossible to restore the hair lost by the natural changes of advanced years, or when the follicles are destroyed, or cicatrized; but if the follicles with their papillæ are healthy and no atrophy of the tissue has taken place, partial or complete restoration of the hair is possible, providing the remedies are properly employed. The majority of cases will require both internal and external treatment. Each case will demand special management, according to the causes of the disorder. For instance, syphilitic taints will require specifics; rheumatic and neuralgic conditions will call for anti-rheumatic and neuralgic remedies; unsuitable nutrition will demand good,

substantial food; and crimping, powdering, bleaching and dyeing the hair will require an abandonment of the injurious habit.

With regard to those cases in which the patient is apparently in good health and is unconsciously losing the hair, tincture of ignatia, mercury, or sulphurous acid, have, in my experience, been the most successful remedies. Some cases respond nicely to ten drop doses of tincture of ignatia, or one half a drachm of sulphurous acid three times daily, with bitter tonics, while others show a more decided improvement upon very minute doses of mercury. Mercury, when given in very small doses, is a very decided tonic, and is especially valuable in the first variety of the disease as described above. The failure of the constitutional treatment to act promptly in many cases is owing to the manner of employing the medicine, and not to the use of any special remedy. For example, should mercury be given in the ordinary dose, or should it be persisted in for a long time, it will be found to pass off by the secretions and do very little towards benefitting the patient. If, on the contrary, mercury be administered for a short period in the amount of 1-15 to the 1-20 of a grain, of either the mild or corrosive chloride, and then the tincture of ignatia with a bitter tonic be substituted, and so vary the remedies from time to time, according to the patient's condition, the result will be either beneficial or successful.

The internal treatment should always be aided by appropriate external applications. In the first place, the head should be immersed in cold water every night and afterwards rubbed with a rough towel, until a warm glow is produced over the surface of the scalp. The head should likewise be thoroughly brushed from time to time until redness appears; and this brushing is especially serviceable in women. Active friction to the scalp, in order to awaken the sluggish circulation, is indispensable, and the friction should be increased or diminished according to the insensibility or sensibility of the part. The short, ragged and lusterless hairs should be cut off at the ends, or plucked out. This will strengthen the hair and add tone and vigor to the scalp. It is also decidedly the best plan, when the long healthy and normal hair has disappeared and the surface is covered with a fine, downy growth, to shave the scalp. This shaving should be repeated about every three or four weeks for some time, and should upon each occasion be succeeded by rubbing the skin effectually until every part is thoroughly stimulated. In addition, occasionally passing a gentle current of electricity over the head will add very much in promoting the growth of the hair. It is of equal importance in the first variety to use some mild stimulating remedy that may assist materially the preceding practice. After washing the head I have used with success in these cases a lotion made as follows:

R Strong water of ammonia.....	1½ ounce
Spirits of rosemary and alcohol.....	1 ounce of each
Tincture of capsicum.....	2 drachms.
Tincture of nux vomica.....	1 drachm.
Spts. chloroform.....	3j.

This solution should be applied with a sponge to the scalp three or four times a week. It should be rubbed in effectually until a warm glow is produced, and then the head should be bathed with warm water.

In the second variety, when the head is covered with the well-known dandruff, I usually wash up the scalp with medicated soap and water every two or three days. The soap that I prefer to use in such cases has been made at my suggestion by Mr. L. Wolf, of this city. It is composed of one and a half ounces each of oil of theobroma and olive oil; two drachms of German chamomile flowers; one drachm of precipitated sulphur, and one ounce of a weak solution of caustic soda.

This soap removes all the dandruff from the head and produces a gentle stimulant and astringent effect upon the follicles and glands of the scalp. It will be necessary, if the thinning or the loss of the hair is due to the formation of crusts, to remove them by oil dressing or poultices. The scalp can be saturated with oil, covered with an old piece of flannel and oil silk, and in from twelve to twenty-four hours the masses will be sufficiently soft so as to be easily removed. The parts can then be washed with the medicated soap and sponged from time to time with the lotion previously mentioned. All that remains to be done locally, after stimulation in the first case, and the removal of the crusts and scales in the second, is to further induce the growth of the hair by the use of suitable liniments or pomades. I always prefer the use of oily preparations in place of cosmetic or pomades, as the latter are very liable to become rancid and do more harm than good. I have employed with advantage, to lubricate and induce the growth of the hair, the following liniment:

<b>R</b> Tannate of glycerine.....	2 ounces.
Tincture of cantharides.....	1 drachm.
Tincture of nux vomica.....	1 drachm.
Oil of erigeron.....	2 drachms.
Olive oil.....	1½ ounce.
Oil of rose.....	5 drops.
Oil of verbenæ.....	5 drops.

This should be applied once every day until all the dull and lustreless hairs have disappeared and there is some evidence of returning nutrition in the scale and hair.—*Med. Bulletin.*

### *SOME CASES OF EPISTAXIS, AND OTHER HEMORRHAGES.*

BY RANDOLPH WINSLOW, M. D.,

Assistant Demonstrator, University of Maryland.

Epistaxis is one of those affections which every physician is called upon to treat. Generally it is an easy matter to arrest it, by cold applications to the face—ice held in the mouth—cold affusion or ice bag to the spine, etc., but, exceptionally, cases occur which require mechanical means to stop the hemorrhage and save life. The usual method adopted in such cases is to plug the nostrils by means of Belloc's canula, or a flexible catheter. When one has the necessary instruments, this is generally an easy and satisfactory way of accomplishing our purpose, but frequently a physician is called upon when he does not have these appliances, and it becomes necessary to resort to other means.

Having been accustomed for several years to arrest dangerous epistaxis by tamponing the nose with cotton, I desire to call attention to its advantages. Small pieces of cotton may easily be pushed along the nasal floor to any desired distance, or may be carried entirely through the nose from anterior nares to throat. The cotton should be saturated with water, and then with some astringent solution. If the cotton is not wet, the blood will slip by it without clotting. The liq. ferri persulph. is the most certain astringent for local use upon the cotton, but if that is not at hand we may use tr. ferri chlor., fl. ext. ergot, fl. ext. hamamelis, ol. terebinthinæ, solutions of alum, tannin or any other astringent which may be accessible. A female catheter, grooved director or almost any other long slender instrument may be used for pushing the cotton through the nose, or it may be applied upon a uterine applicator and slipped off in the nasal cavity by the wire spring surrounding the applicator. This method is inexpensive, and cotton can nearly always be obtained in a few minutes. It causes as little or less discomfort than the plug in the pharynx. It may be applied in every case; whilst in some instances it is difficult or impossible to plug the posterior nares from the mouth, owing to the reflex nausea and straining caused by the necessary manipulations. In some cases the difficulty of depressing the tongue prevents the use of the post nasal plug; especially is this apt to be the case with negroes.

The following four cases are copied from my note book, to show the results of the treatment in some severe cases in which I have employed it, and to call attention to the variety of astringents used. As far as I am aware, no injury has been done to the nasal structures in these or in any other cases which I have treated in this manner.

In August, 1876, I was called to attend E. S., aged about 40, who was having severe epistaxis. She had been bleeding more or less for a week, and had lost immense quantities of blood. She had received the attention of three regular and two homœopathic physicians, but beyond a very temporary arrest of the hemorrhage, she had not been benefited. Amongst other measures she had been tamponed by means of Belloc's canula, but without success, and probably the plug did not fit the nasal openings accurately. I saturated small pieces of cotton with liq. ferri persulph. and pushed them along the nasal floor, as far as was necessary, and thus filled the nose. Her after treatment consisted of 2 grains acetate lead and one-half grain opium every two hours, until 48 grains of lead had been taken, when she began to exhibit the toxic effects of the mineral; a blue line along the edge of the gums, and severe abdominal pain. Gallic acid was then substituted. Ergot was not used, as she was in the eighth month of pregnancy. Whilst scarcely able to walk, on account of prostration from loss of blood, her husband, who had previously said he would give \$100 to have her cured, knocked her down, but notwithstanding all accidents, she recovered promptly and about a month afterwards gave birth to a living child.

E. L. O'D. had hemorrhage from the nose severely, and was treated similarly, except that I used ergot as the astringent instead of Mon-sell's solution, applying it to the mucous membrane of the nose by means of an uterine applicator, and then tamponing with cotton saturated with it. It was also given internally in ʒj. doses. Ice was held

in the mouth in addition, and cold compresses placed over the nose. I had a short time previously read of the beneficial action of ergot, applied locally to bleeding surfaces, and this case would seem to corroborate it.

J. T., Jr., was treated by tamponing nose with cotton saturated with tr. ferri chlor., which succeeded completely, but I would prefer some other astringent if it could be procured easily, as the excess of muriatic acid renders the preparation a mild caustic.

L. T., a middle-aged woman, with valvular disease of the heart, had profuse epistaxis. I readily arrested it by pushing cotton saturated with Monsell's solution through the nose by means of a female catheter and groove director. The bleeding was from the right nostril, and ran back into the mouth and throat, at first sight appearing to be a severe hemorrhage from the lungs. Two days afterwards I removed the cotton with forceps. The next morning she had a return of the epistaxis, and again lost a large amount of blood; the blood coming from both nostrils. She also swallowed quite a large quantity, and vomited it afterwards. I filled both nostrils from anterior nares to throat with cotton saturated with liq. ferri persulph., and then ordered fl. ext. ergot and fl. ext. hamamelis, fifteen drops of each every hour. I also injected hypodermically several syringefuls of the mixture into her arm in hopes of causing a speedy diminution in the size of the bleeding vessels. There was no further loss of blood, but a cellulitis of the arm, was set up, which caused much trouble, and I would not use the combination again hypodermically, if I could obtain ergot by itself. I allowed the cotton to remain until there was some suppuration, and then removed it, and washed the nose out with water, and injected an astringent lotion.

Dr. M. M. Griffith mentions in *Medical Brief*, July, 1876, having arrested epistaxis with "a piece of fat bacon three or four inches long, cut to fit the nostrils and pushed in tight and far enough to reach the throat. In obstinate cases the bacon may be rolled in (powder) ferri persulph.; the blood may pass down the throat for a short time, but is soon corrected."

*Hemoptysis.*—C. S., a musician, had been ill for a year with either tubercular or syphilitic disease of the lungs. He had been under the treatment of several physicians before I was called to see him. I found him extremely prostrated from severe and protracted hemoptysis. He did not bleed continuously, but would have sudden gushes of blood, and would lose a large amount at a time, then coagulation would occur and the hemorrhage be arrested for twelve or more hours. These attacks usually occurred about 6 o'clock in the evening. I gave him fluid extract of ergot freely by the mouth, as well as gallic acid and other remedies, without effect. I then injected the ergot hypodermically to arrest hemorrhage, which could not be stopped by the same remedy given by the mouth.

*Hemorrhage following Extraction of a Tooth.*—G. H. W. applied to me in September, 1879, for relief from neuralgia of face and head. I examined his mouth, and finding his teeth to be very carious, I directed him to have some of them extracted. He went to a dentist, who extracted the fangs of an upper molar tooth, and found it necessary to break out a piece of the alveolar process. Some hours later

he again visited me; he was bleeding freely from a small artery at the apex of the alveolus. I filled the cavity with a cotton compress saturated with Monsell's solution and apparently arrested the hemorrhage, but he returned the next day with his cheek distended with a clot from the iron, but the bleeding was not controlled. I again failed to arrest it with Monsell's solution, and tried nitrate of silver and nitric acid without success. Seeing I could not succeed by styptics, I trimmed a cork to fit the alveolus, inserted it and told him to press upon it as much as possible with his lower jaw. This compression arrested the hemorrhage immediately and permanently, it caused no pain, and gave no inconvenience. The cork was securely retained in situ by the adjoining teeth, and was not removed for nearly a week. Had this method failed, I would probably have applied the actual cautery.

*Hemorrhage from Scalp Wounds, Cured by Acupressure.*—J. M. F., whilst wrestling, fell and cut his head upon the curb stone, making a small wound. He was treated by the police surgeon at the time, but continuing to bleed, he called upon his family physician, who applied a compress and bandage. This answered for awhile, but at intervals of about a week he would have severe hemorrhages from the wound. A month afterwards he was visiting near my office, and whilst sitting quietly in the house, the bleeding commenced. I found the wound filled with fungous granulations, and could not seize the artery. After trying-styptics and compression in vain, I transfixed the integument around the wound with two long pins, and tied the skin tightly upon them. The bleeding was arrested at once, and did not recur.

C. C., a young negro, was terribly cut with a razor on September 3d, 1879, upon the head, abdomen and nates, and required twenty pins and stitches to close the wounds. From one of the wounds of the scalp he bled profusely, but it stopped spontaneously. Two weeks afterwards I was called in the middle of the night to arrest hemorrhage from one of the wounds on the head. I found him lying upon the floor in a pool of blood, in a room dimly lighted. I was not able to ligate the artery, therefore transfixed the wound and brought the edges together firmly, and tied the skin upon the pins. This controlled the bleeding, and in a few days the wound healed.

*Wound of Temporal Artery—Compress and Styptic.*—R. F. severed his temporal artery, and was treated by a physician, who applied a bandage and compress, which would arrest the bleeding temporarily, but only for a short time. The bandages were re-applied repeatedly. I was called in the night, and as the wound was fungous, I was unable to put a ligature upon the artery, so I filled the wound with cotton, saturated with Monsell's solution, which made a firm coagulum, and cured him.—*Maryland Medical Journal.*

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### THE CURE OF CONSUMPTION.

It is now pretty generally believed, universally we might say, in the medical profession, that the age of miracles is over, but the statements now starting the rounds of the medical journals in Germany regarding the cure of tuberculosis by the inhalation of the benzoate of soda are calculated to renew the most sinking faith.



In the number just received of the Wiener Med. Wochenschrift (No. 30, 1879), we read the following notice :

"In the K. K. Allgemeinen Krankenhaus of Vienna, the newly-discovered miracle (wundermittel) of tuberculosis, viz. : the benzoate of soda, has awakened the most intense interest in medical circles everywhere, and inhalations of this substance are now going on in every room of the hospital. Prof. Rokitsky, jr., is credited with the marvelous discovery of the virtues of this age."

The next number (No. 40) contains the following note, addressed to the editor :

*"Greefswald, September, 30th, 1879.*

"In regard to the newly discovered wundermittel, discovered by Prof. V. Rokitsky, in Innsbruck, for the cure of tuberculosis, the natrum benzoicum, I take the liberty of testifying that I first tried it in tuberculosis processes of the lower animals. My investigations regarding the genesis of scrofulous and tuberculous inflammations of the joints, led me to the conviction that they depended upon a localization of the infecting substance in the artificially contused joints. Definite experiments convinced me that micrococci contained in the tuberculous virus I selected for my inoculations constituted the infecting substance, as was first pointed out by Klebs.

"By a repetition of Klebs' breeding experiments I could collect these micro-organisms, render animals tuberculous by means of them, and thus confirm entirely the statements of Klebs. A part of these my breeding experiments were conducted by one of my former pupils, Dr. Reinstadter, in association with me, and the results were published by him.

"After these demonstrations I commenced some therapeutic experiments, and selected first the benzoate of soda, aqua creosoti, and some other agents, which are known to have an anti-bacterian effect. It now occurred to me to study the effects of these agents on tuberculous affections of the joints. I soon discovered their very remarkable effects and continued my investigations.

"I communicated my first observations to our medical society here, and then published them. Since that time I have been continually at work, and am now able to confirm all the statements made at first.

"It was these observations that induced Prof. V. Rokitsky to try the remedy, the benzoate of soda, on man. I rejoice that he has succeeded in obtaining the same results in man that I obtained in the lower animals, but I may remark that we have already made the same observations upon man here."

DR. MAX SCHULLER,

*Privat docent, Assistent Arzt der Chirurg. Universitäts-Klinik.*

The Wiener Med. Wochenschrift appends to this letter the following remarks :

"This matter is certainly important enough to excite further experiments, even if the cases in which the signs of 'tuberculous cavities' disappeared so rapidly, should turn out to be only bronchiectatic dilations after emphysema and chronic catarrh, conditions far more frequently met in Tyrol than pulmonary phthisis, which is rare. For these diseases are also very obstinate to treatment, and are often dangerous.

"We are, moreover, in position to communicate a letter from Dr.

Krocak, Innsbruck, to one of his patients received a few days ago. The patient had seen in a daily paper an account of the newly discovered cure of tuberculosis, and addressed himself to the physician, from whom he received the following response :

“ ‘Our new method of treatment can only be conducted under medical supervision, and may not be properly described by letter. We use one part of benzoate of soda in a 5 per cent. solution twice daily, to the thousand of the body weight, by means of a good atomizer, for seven weeks without interruption. With it we enjoin the use of abundant satisfaction of the rapidly returning appetite with meat diet, fresh air, and abstention from all debilitating causes. DR. KROCAK.’

“We may add still further,” continues the Vienna paper, “that our druggists can hardly supply the demand for the benzoate of soda, as the use of it has surpassed all medical prescriptions. It is, indeed, bought up on every hand.”—*J. T. W. in Cin. Lancet and Clinic.*

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### ANTISEPTIC TRANSFUSION OF HUMAN BLOOD.

BY WILLIAM MACEWEN, M.D.

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The following case of transfusion of human blood is worthy of record, on account of the antiseptic precautions which were adopted, and the complete success of the operation. The patient was a man, twenty-three years of age, on whom lithotomy was performed for the removal of a large spiked oxalate-of-lime calculus. There was little bleeding as an immediate sequent of the operation, and it was completely arrested before he left the table. Half an hour after having been put to bed, the house-surgeon found him to be very comfortable and in a good general state; there was then only slight staining on the sheet under the pelvis. Two hours and a half after he was found to be in a state of complete depletion, from a profuse secondary hemorrhage which had ensued. The wound was at once plugged. Notwithstanding every attempt to resuscitate him by stimulating drinks, enemata, etc., it was evident, at the end of three-quarters of an hour, that ground was being fast lost, and it was clear to all present that, if his life was to be saved, something more radical was necessary. Transfusion of blood was proposed. A patient who suffered from injury to the right great toe, and who otherwise was strong and healthy, after being apprised of the slight risk he ran in giving a portion of his blood, freely offered it to his fellow.

The lithotomy patient was in the following state. He was semi-insensible, could not speak, pulse at the wrist imperceptible, surface of the body blanched and bedewed with a cold perspiration, the lips cream-colored, and the conjunctival vessels no longer visible. Occasionally he gave a restless feeble toss, accompanied by a deep inspiration.

An attempt to find one of the large veins on the right arm being unsuccessful, the median cephalic of the left was chosen, and half an inch of its length exposed. An assistant was desired to place the finger of one hand to the distal side of the exposed vein, and to maintain pressure on that part throughout the operation, so as to prevent loss of blood; and with a finger of the other hand, placed on the proximal side, about half an inch above the part selected for opening the vessel,

he was to occlude the vein when required. The arm was held well up, so as to empty it of any blood which it might contain. It was also maintained considerably above the level of the patient's body, for three reasons: First, to facilitate the flow of the transfused blood into the trunk; secondly, to prevent the entrance of air into the body, as the syringe would, with the arm in this position, be necessarily held perpendicularly, with the nozzle downwards, and all contained air would remain at the top of the instrument; and thirdly, to enable any air to escape which might be in the space intervening between the opening in the vein and the occluding finger of the assistant on the proximal side. The vein was then opened. Then phlebotomy was performed on the healthy man, the blood being received into a small warm carbolised vessel, from which it was at once drawn into a warm carbolised three-ounce syringe, having a narrow nozzle. When full it was inverted and the piston pressed, so as to expel any air, and the nozzle was then introduced into the vein. A quantity of blood was first injected into the space in the vein, between the occluding finger on the proximal side and the opening in the vein itself. When this was done the pressure on the proximal side was removed, and the contents of the syringe were slowly injected, until only a couple of drachms remained. The pressure of the assistant's finger was again applied, and the syringe removed. It was then washed in 1 to 80 carbolised watery solution, recharged, and the blood introduced as before. The tin into which the blood flowed was kept free from clot, and several times a fresh cup was substituted. The arm from which the blood was drawn, as well as that into which it was injected, were kept constantly under the spray, and the blood itself, from the time it left the one arm until it was injected into the other, was either exposed to the carbolised spray or in contact with carbolised instruments; so that the whole transfusion was thoroughly antiseptic.

With the exception of the transfusion being performed antiseptically, the other details of the operation were nearly the same as those adopted by Mr. Lister in a case in which he performed transfusion, while I acted as one of the house-surgeons in the Royal Infirmary. That case was reported by me in the Glasgow Medical Journal for November, 1869.

Just before the transfusion was begun several of the house-surgeons hinted that the patient had "slipped away." His heart, however, was heard to respond, and the blood was injected. Shortly after the transfusion the gentleman who had his finger over the radial said that, from being imperceptible, it had returned gradually, and had increased until it was distinctly felt. Half an hour after, the face had assumed a slight redness, and heat began to be restored to the surface of the body. There were no rigors after the transfusion. Without entering into further detail, it may be said that he slowly but perfectly recovered, and is now a strong, healthy man. He was shown at the Pathological and Clinical Society nine months after the operation, and is still quite well, and at work.—*London Lancet*.

THE "aleximorhygiastikon" is a patent pocket inhaler advertised in the London medical journals; but what people who want it are expected, to say when they go to the apothecary's shop is not stated.

## ABSTRACTS AND GLEANINGS.

**Lactic Acid in Catarrh of the Bladder.**—Dr. Deecke, in *Buffalo Medical and Surgical Journal*, says: It is about two years ago that my attention was called to the almost constant occurrence of micrococci and gliococci in the urine of patients who suffered from chronic catarrh of the bladder, or from those forms of acute cystitis which were accompanied by an excretion of urine of a neutral or alkaline reaction. This occurrence induced me to a series of experiments with different substances, prominently acids, for the purpose of studying their action upon the development and the growth of those organizations, and of exploring their influence upon the alteration of the liquid which served as their pabulum. The experiments were first made in open test-tubes, and were repeated by excluding the air as much as possible. The pabulum was normal urine and urine of a patient who had been suffering several months from a mild chronic catarrh of the bladder, and who had been treated, as related, for "some form of Bright's disease of the kidneys," the general dread of all who experience some chronic disorder in the uropoetic system. The tried substances were—silicate of soda, sulphite of soda, permanganate of potassa, sulphuric, nitric, and muriatic acid; acetic, citric, and tartaric acid; carbolic acid, salicylic acid, and lactic acid.

As the experiments were of a decided result in one direction, it is of no interest and consequence here to enter into the narration of any details combined with them.

There is among all these substances only *one* the effect of which was found to be beyond comparison with any of the others, and this is *lactic acid*. An addition of one per cent. of lactic acid prevents a decomposition and alkaline fermentation of normal urine, and the development of micrococci and gliococci for a long period; in pathological urine it arrests their growth and multiplication almost instantly. It seems to be a specific poison for these microscopic forms of life.

As the antiseptic properties of lactic acid have been known for years, it is the more surprising that it has not been tried long ago in these special cases, since all remedies hitherto recommended, according to the experience of the latest expert, Dr. Max Schuller, of Griefswald, "only met the one or the other demand with the desired effect."

It may be remarked here at once that the antiseptic action of lactic acid, by local application, is by far not the only effectual property of this drug. Its dissolving power for catarrhal and diphtheritic exudations is likewise known, and should not be undervalued; it is superior to that of any other acid. It furthermore dissolves easily the ammonium compounds, the ammonio-triple phosphates and the calcium phosphates. And best of all, it permits also of an internal administration in a most agreeable form, as a kind of lemonade, or in the form of buttermilk or added to it. It will be discovered in the excreted urine, after a few good doses, a fact which was established by a number of careful analyses of the urine after internal administration of the acid. This generally occurs when three or four grammes of the drug have been consumed—an effect which will be accelerated by a

cotemporary use of buttermilk as a beverage. The latter property of course makes the remedy the more valuable, especially in all acute cases and those of a milder course, or where the condition of the patient or other circumstances are not favorable to a local treatment. As to the administration of the drug, the acid may be given in doses of 1 to 1.5, even to 2 grammes three times a day in sugar and water. Even the large doses administered in a diluted form, or in a mild bitter tonic, when continued for a longer period, do not interfere with digestion. A hypnotic influence has not been observed. For local treatment a solution of 1.5 to 1 per cent. will suffice, and I recommend two injections at one session for the beginning, with the cotemporary internal use of the acid, and not to repeat the injection sooner than absolutely necessary. In the majority of cases, even of long standing, only a few injections will be required.

As to the instruments for injecting into the bladder, a simple silver catheter is preferred to those with a double tube. For a syringe I recommend a fountain syringe or syphon syringe (like the common nasal douches) with a rubber tube about three feet in length. If the catheter is provided with a stop-cock at its base part, or with a short rubber tube closed by a clamp, it can be introduced filled with the injecting fluid, and the connections can be made with the fountain tube in such a manner that all air is excluded inside of the apparatus, which will be found of great convenience to the patient, as well as to the attending physician. The manipulations are simple. The tumbler containing the injecting fluid, the temperature of which should be raised to about 100 degrees Fahrenheit, is placed on the floor, the tubes are filled with the fluid, and the connections are made with the catheter in position, which must be supported by the left hand or by the patient himself. The right hand then raises the tumbler from the floor, slowly, to the desired height. The bladder fills up by this arrangement without any inconvenience to the patient, or any sudden shock, and the pressure from the column of injecting fluid can be entirely controlled, and the bladder can be expanded ad libitum.

During about eighteen months twenty-one cases have been under treatment, of which a record was made, for the most part by practical physicians of my acquaintance. Among these there is only one case to be mentioned of a chronic catarrh of the bladder from a stricture in which the recovery remained doubtful because of an interruption in the treatment. In six acute cases (5 male and 1 female) the cystitis had originated from an inflammatory condition of the urethra; in only one of these it was found necessary to have recourse to a twice repeated injection into the bladder. Five acute cases developed without any known cause, recovered rapidly from an internal use of the acid. One case of a chronic catarrh from partial paralysis of the bladder required three double injections; one case of hypertrophy of the prostate four injections. From eight cases of chronic catarrh of long standing only in one the injection was repeated ten times, three recovered from the internal use only, and the remaining four cases submitted to two, to three and four injections.

**Meniere's Disease.**—Dr. Guge, in British Medical Journal, says:

1. In a general sense of the word the name of Meniere's disease

may be applied to all cases of vertigo which are caused by an abnormal irritation of the nerves of the semi-circular canals. The irritation may be produced either by an exaggerated normal cause, as violent rotary movements, or by an abnormal cause, as a sudden change of temperature, variations in the intra-tympanic pressure, disturbances in the circulation, or inflammation.

2. In a more restricted sense, the name Meniere's disease is applied to cases where the vertigo is caused by an inflammatory condition either of the semi-circular canals or of the middle ear. The vertigo may be either persistent or simply momentary by normal movements of the head. In some cases it appears periodically under the form of a fit at intervals of weeks, or even months.

3. Exposure to cold and catarrhs of the tympanic cavity play a prominent part in the etiology of Meniere's disease.

4. The majority, if not all, cases are secondary to catarrhs or inflammations of the tympanic or mastoid cavity.

5. In typical cases the vertigo is preceded or accompanied by rotary sensations which follow a certain order; the attack begins by a sensation of rotation around a vertical axis. The rotation invariably takes place on the affected side; sometimes it is combined with a sensation of swinging backwards and forwards. In more serious cases the feeling is that of rotating round a horizontal axis, both backwards and forwards. Finally the vertigo becomes general and the patient loses consciousness and falls down; he often vomits in such cases. Sometimes the attack is over in from ten to thirty minutes, in other cases it is called forth by a simple movement of the head during one or two days following the attack, and the patient is obliged to lie perfectly still in order to avoid them.

6. In some cases the rotary sensation may be caused experimentally by certain therapeutic agents, as the insufflation of air into the tympanic cavity in cases of acute inflammation of the latter. In these cases the rotary sensation always takes place round a vertical axis and in the direction of the affected organ.

7. In some cases the attacks are accompanied by loud noises in the ear; in other cases there is a constant slight buzzing noise, which does not increase in strength during the attack; sometimes there is no noise at all.

8. In cases of long standing a slight feeling of vertigo persists even during the free intervals, and seems to be caused by the first movements of the head after waking from sleep. Some patients are obliged to keep the head fixed in a certain position, because every movement that takes place in the plane of one of the semi-circular ducts is accompanied by a sensation of a heavy body rolling in the same direction.

9. Meniere's disease is frequently complicated with hysteria. It is also apt to produce in children a condition not unlike chorea, and in adults clonic contractions of muscle of the face and body. These often disappear after local treatment of the middle ear.

10. In some cases patients, after recovering from Meniere's disease, have lost the faculty of hearing.

11. Highly satisfactory results have often been obtained by local treatment even in inveterate cases.—*Detroit Lancet*.

**Little Things in Obstetrics.**—Shall the patient be purged the first, second, or third day, and debilitated in this way? I think not; indeed, I am sure that it is a bad practice. If the patient's bowels have been kept regular before confinement, and moved the day of delivery, there is no necessity of disturbing them the first two days, or even the third day, and then they must be moved by enema. Of course there are cases where there will be special reasons for opening the bowels with medicine.

Speaking of bowels, I like the old plan of having the rectum evacuated before delivery, and if the bowels have not been moved that day an enema of warm water may be used to evacuate them when the first pains are felt. I recall a case in the early part of my practice in which labor progressed in the usual way until the head passed down into the pelvic cavity, when it met an obstruction that prevented a further advance. The finger in the vagina felt a hard mass in the lower part of the hollow of the sacrum, which might be an exostosis, or a fibroid tumor, but which evidently closed the outlet of the pelvis, so that the child could not pass. There was doubt about what it might be for some time, until finally the thought occurred that it might be impacted feces, which was soon proven by a finger introduced into the rectum. It required a full half hour's hard work to break down the accumulation and bring it away. In another case I recall, the large and rough fecal mass was forced through the anus by the advancing head of the child, with the effect of producing a very painful laceration. In this case the physician came in just as the head was passing.

I do not see the necessity of a woman's suffering from after-pains, and still less the propriety of giving narcotics to relieve them. *Macrotys* or *viburnum* will relieve them, and I usually combine a very small portion of *aconite* with the one or the other to prevent fever. After the second child I always leave for the patient, in case of after-pains, a prescription something as follows:

R. Tinct. *Aconite* gtt. v.,  
Tinct. *Macrotys*, gtt. xx.,  
Water..... $\overline{3}$  iv.

A teaspoonful as often as required.

Milk-fever is always looked for and provided against. A small dose of *aconite* with *phytolacca* to meet any irritation of the breasts, will meet the indications, and be a source of such comfort that the physician in attendance should not forget it. Again, *phytolacca* is a most excellent remedy when there are any indications of nursing sore mouth, and will cure a large proportion of cases if the disease is taken at its commencement.

Very severe pain, recurring frequently or almost constant, the first, second, or third day, should suggest that a fragment of the placenta or a portion of the membranes, was engaged in the os. When I was a very young obstetrician, I had a case of this kind, and the pain was so intense and prolonged that I called counsel. A very small piece of placenta was removed, and the pain stopped. I was called in one case to see a woman who had been delivered by a midwife, and who had suffered most excruciating pain for twenty-four hours. The piece

of placenta engaged in the os would not have weighed more than half an ounce, and with its removal the pain ceased.

A fetid lochial discharge is a very unpleasant thing, and it may give rise to irritation or puerperal fever, or be a cause of local disease. I have never been able to see why a woman should remain dirty after delivery, the unpleasant secretions drying about the vulva and nates, and accumulating in the vagina. It seems to me that there is a necessity for soap and water here and thorough cleanliness, if there are any unpleasant discharges. Whilst an injection of chlorate of potash water may be carefully used in the worst cases, sponging the parts will be sufficient in the majority.

Whenever there is marked fetor, I prescribe chlorate of potash internally in the usual doses. I have little fear of pyæmia, or puerperal fever from absorption, when this is taken.—*Eclectic Medical Journal*.

**The Value of Calomel in the Zymotic Diseases of Infancy.**—Dr. E. M. Boddy expresses his views as follows, in the *Medical Press and Circular*, October 8th :

I shall make a few remarks on the advisability of administering calomel in diseases which are specially peculiar to infancy, such as scarlet fever, measles, and others of a zymotic type.

In all the zymotic or exanthematous fevers, there is the accompanying eruption or rash, as it is usually called, which, when it has thoroughly exhausted itself, or in other words, when it has finally disappeared, and the desquamation of the cuticle has commenced, then is the time to direct our attention to the alimentary canal, for we shall invariably find after, as well as during the attack, that the alvine excreta are in a most filthy and unhealthy condition, in fact, almost approaching a poisonous character, and, as some believe, contain an element highly infectious to the last degree, and especially when the patient is suffering from typhoid fever. Regarding these infectious or non-infectious characteristics, I have nothing to do; but, parenthetically, I may say, they develop gases, exceedingly offensive and injurious if inadvertently inhaled; they must, therefore, be extremely detrimental to the recovery of the sufferer, for if they are poisonous when ejected or exposed to atmospheric influences, what must they be when allowed to remain in the intestines, pent up in a confined space, with the mucous membrane absorbing the impurities resulting from the effects of the fever, besides the impure liquid portion of the fæces; what must be the result, I say—a protracted recovery or a certain death?

Therefore, it behooves us, immediately on the disappearance of the rash, to administer purgatives till we have eliminated the fever poison which has been germinating and stagnating in the fecal contents of the intestinal canal, and the only purgative which is at all capable of thoroughly cleansing out the intestines is calomel; for, owing to its dual properties, it not only purges the patient, but by virtue of its chologogic action, it cleanses out the human cess-pool, viz: the liver, which, in all fevers, is a reservoir for everything impure and unhealthy.

If we do not pursue this course, the inevitable result is diarrhoea, which, instead of being regarded as a good omen, as indicating that nature requires assistance, and that she is trying to accommodate her-



self to the force of circumstances, we go diametrically opposite to her, and regard the efforts of nature as significant of approaching evil; and so we resort instantler to astringents, and if that is not sufficient (and it very seldom is), we inject up the rectum certain astringent compounds, which is as unscientific as the insertion of a cork would be; we know or can guess the result—the child dies, presumably from the fever, though I cannot help thinking that the child succumbs to the deleterious action of the astringents.—*Medical Reporter*.

**Effects of Local Irritation on Pain.**—At the meeting of the Academie de Medicine on the 4th of November (*Bulletin*), Dr. Dumontpallier read a memoir on Local Therapeutical Analgesia induced by the Irritation of the Similar Region on the Opposite Side of the Body.

“From this communication it results that pain seated at one point of the body yields to an injection of simple water (which, as is known, produces local irritation) at a similar point on the opposite side. In neuralgias of different seat and nature, in acute articular rheumatism, and in rheumatic or toxicol neuralgia, I have requested patients to mark with the finger the painful points, and that being done, I have sought out similar points on the opposite side of the body, and at these latter points, for the most part not painful, I have practiced injections of water or simple punctures. As soon as irritation has been produced on the sound side, the patients have acknowledged a diminution, and often a complete cessation, of the pain on the bad side, and that, I repeat, in cases of acute rheumatic arthritis. I have chosen this last example as a demonstration, as one could scarcely in such a case be deceived by patients. The joint may be red, swollen, hot and painful to the touch or the slightest movement, but immediately the little operation is terminated, the patients find that the pain diminishes or disappears, and that they can perform flexion or extension of the joint; the swelling preventing much motion, but the pain is gone.”

The following are the conclusions arrived at by Dr. Dumontpallier:—  
 1. Every subcutaneous medicinal injection is a complex operation, in which a part must be assigned to the medicinal substance, and a part to the irritation produced. 2. The local irritation is transmitted from the periphery to the sensitive centres, and there determines a modification, the consequence of which is a diminution or cessation of the peripheric pain. 3. The real, anatomical seat of certain peripheric pains should then be in the sensitive centres; an assertion which seems demonstrated by the crossed action of induced peripheric irritation. 4. Irritation induced loco dolenti, or in the vicinity of the painful point, assauges or causes the cessation of pain; and when the irritation is induced at symmetrical points on the opposite side of the body, it proves often sufficient to cause a complete and durable cessation of pain.—*Medical Times and Gazette*.

**Rules for the Treatment of Croup.**—The following rules are laid down by Dr. W. H. Day, as the result of a long experience in this disease (*Medical Press and Circular*, November 5th, 1879):

The temperature of the room should not be lower than 65 degrees.

1. The vapor bath is indispensable in the treatment of croup, and should be used at the commencement in every case, and continued unremittingly until all fear of a relapse has departed.

2. All cases of croup are invariably relieved by the vapor bath, especially if the tracheal membrane is dry; when it is moist there might be fear of causing too much depression.

3. The earlier that a case comes under treatment, the greater the probability of a successful termination, because it is then possible to prevent the tracheal secretion becoming organized.

4. The most trying difficulty we have to contend with in the management of croup in the catarrhal form is a relapse, because with it comes exhaustion; and the weaker the patient the less will be the chance of recovery.

5. Tartarized antimony should, however, be mainly given for the purpose of producing vomiting; that failing, it is comparatively useless, because, if continued in small doses at intervals, its depressing effect is too great.

7. When the emetic has fully operated, if there be much febrile excitement and disordered *primæ viæ*, which aggravate the laryngeal symptoms, a grain of calomel every four hours, or one full dose for the purpose of emptying the bowels and controlling the fever, will be found necessary. In the fibrinous form, when there is violent and acute inflammation, with a firm, hard pulse, and a full reserve of strength, two or three leeches may be applied over the thyroid cartilage, and bleeding can easily be arrested by pressure with the finger, and if need be, with cotton wool; then mercury may prove a valuable addition to the antimonial treatment. Some of my cases improved from the moment the mercury affected the bowels, the fever diminishing, and the expectoration of the false membrane being promoted. When employed in small doses at regular intervals it would appear to diminish the cohesive attachment to the mucous membrane, and to render the lymph less fibrinous and more readily absorbed.

8. When in a case of croup, seen at an early stage, and satisfactorily progressing, forty-eight hours have elapsed, we may generally augur a favorable termination; and we should then begin, if not before, to support our patients with good beef tea, milk and arrowroot, and (it may be) a little wine and water.

If after vomiting the temperature remains high, and especially when the bowels have acted freely, minim doses of aconite every two or three hours are of great service in inflammatory croup. This keeps up a gentle diaphoretic action on the skin, diminishes tension of the pulse, and controls vascular excitement in a very striking manner. At this stage it comes in well, because antimony should not be long continued in any of the diseases of children, and it certainly ought not to be in this disorder.—*Medical and Surgical Reporter*.

**Treatment of Fibroid Tumors of the Uterus by Ergotine Suppositories.**—Robert Bell, M.D., F.F.P.S.G., Physician to the Glasgow Institution for Diseases of Women and Children, reports the following:

The immense benefit resulting from the subcutaneous injection of ergotine in uterine fibroids has been so often demonstrated that we

now look upon the drug as the most potent agent we have in the medical treatment of such tumors, and yet there are many objections to its use by means of the hypodermic syringe. First among these is the tendency to suppuration in the neighborhood of the acupuncture, and when the operation requires to be repeated twice a week this is no small disadvantage. True it has been said that if the needle is insinuated into the muscular tissue, this evil result is avoided, but I must confess this has not been my experience. Then the operation is attended with an amount of pain which is not inconsiderable, and when we bear in mind that the subject of uterine diseases is generally in a high nervous state, this resulting from the fact that her uterus is diseased, there is as a consequence a great repugnance on the part of the patient to undergo, what to her sensitive nature is magnified, an operation twice a week, with its sequela of an abscess in each instance. To avoid the unpleasantness of using ergotine hypodermically, I have for some years had recourse to suppositories, each containing four grains of the drug; one of which is introduced every night; and, with a view of illustrating the beneficial effects of the remedy used in this way, I have taken cases at hap-hazard, one of which I will briefly record:

CASE.—Mrs. G.—Saltcoats, Ayrshire, sent for me in May, 1875. She was suffering from what appeared to me on a hurried examination to be acute retroflexion of the uterus, but on passing the sound it became quite evident that what I had at first mistaken for the fundus of the uterus was a fibroid tumor. The uterus was lying in its normal position; was not more than the usual length, but it was exquisitely sensitive; and on the posterior aspect there was, protruding towards the rectum, an interstitial fibroid occupying the posterior wall of the organ. The presence of the tumor, taken along with the metritis which accompanied it, had induced great prostration of body, and a low morbid condition of the mind of the patient. To such an extent had the weakness proceeded that the lady was unable to leave her bed for more than a few minutes at a time, and walking always brought on excruciating pain after a few steps had been taken. She was ordered suppositories, containing two grains of ergotine in each, one to be introduced every night. In three weeks she was able to walk about with considerable freedom, and in two months was able to come to Glasgow, when I found the tumor was very much reduced in size, and the general health of the patient exceedingly good. This was the first case in which I had given a fair trial to the ergotine suppositories; but it was a matter of regret to me that I had not used four grains instead of two grains in each. Latterly the strength of the suppository has been doubled, and I find that the result is not only more speedy, but much more satisfactory in every way.

I would urge all who employ ergotine in such cases, or indeed in any disease, to be sure that they are being supplied with a good article, or, I may hardly add, disappointment will most certainly follow. This caution is the more necessary, as ergot of rye is often supplied to the trade, which, when examined, is found to be absolutely useless as a medicinal agent. We cannot, therefore, be too careful in our selection of the drug, nor too particular in our investigation of the efficiency of each individual sample.—*Obstetric Gazette*.

**Popular Nostrums.**—*Walker's California Vegetable Vinegar Bitters.*—Each bottle contains from nineteen to twenty fluid ounces, consisting of a decoction of aloes and a little gum guaiac, anise seed and sassafras bark, in water slightly acidulated with acetic acid, possibly the result of secondary fermentation, or added in the form of sour cider. Each bottle contains also about one ounce of Glauber's salt, one-quarter of an ounce of gum arabic, and from one-half to one ounce of alcohol.

*Radway's Ready Relief.*—This is a light brown liquid, consisting of eight parts of soap liniment, one part of the tincture of capsicum, and one part of aqua ammonia.

*Radway's Renovating Resolvent.*—Each bottle contains six fluid ounces of a vinous tincture of cardamon and ginger sweetened with sugar.

*Pierce's Golden Medical Discovery.*—Each bottle contains one drachm of the extract of lettuce, one ounce of honey, one-half drachm of the tincture of opium, three ounces of dilute alcohol, and three ounces of water.

*Pierce's Favorite Prescription.*—A greenish-brown turbid liquid, consisting of a solution of one-half ounce of sugar, one drachm of gum arabic, in eight ounces of a decoction made from two drachms of white agaric, one and one-quarter drachms of cinnamon, and two drachms of cinchona bark; to this mixture are added one-half drachm of tincture of digitalis, and a solution of eight drops of oil of anise in one and one-half ounces of alcohol.

*Van Buskirk's Fragrant Ssodont.*—A red liquid consisting of a solution of one-half drachm of white castile soap in one ounce of water, and one-quarter of an ounce of glycerine, colored with cochineal, and flavored with oils of winter-green, cloves and peppermint. The powder which accompanies each bottle consists of a mixture of precipitated chalk, powdered orris root and carbonate of magnesia.

The above are taken from Hoffman's "Popular Health Almanac," a publication which is meant to serve as an antidote to the numerous almanacs distributed broadcast through the country as a means of advertising various patent nostrums.

*Ayer's Cherry Pectoral.*—

R	Morph. acetat.....	gr. ij.
	Tr. sanguin. canad.,.....	ʒ ij.
	Vini antim. et potas. tart.....	ʒ
	Vini lpecac.....	aa ʒ ij.
	Syr. pruni Virgin.....	ʒ ij. M.

—*Hospital Gazette.*

**Surgical Treatment of Goitre.**—Dr. Wolfer, in speaking of the treatment of goitre with subcutaneous injections of iodine, says, in Langenbeck's Archives, that favorable results have been obtained both in cases of simple hyperplasia, and of colloid degeneration. He illustrates his statements by a few cases from Billroth's clinic, and an experiment on a dog, made by himself.

The lobes of the thyroid gland of this dog had respectively attained the size of a goose's egg, and the author made ten injections of iodine into one of the lobes. The dog was killed at the end of a month, when

the portion of the goitre into which the injections had been made was found to have dwindled down to the size of a man's thumb; it consisted of connective tissue which no longer contained any colloid liquid. The peripheric part of the injected goitre presented the same appearance as the lobe which had remained untouched; it consisted of large meshes of connective tissue, which contained colloid fluid. There were no traces of inflammation or hemorrhage following the injection of iodine.

Several strumous cysts were treated in a different manner: One cyst with thin walls was absorbed after injections of iodine; two other cysts resisted this treatment. In two cases Billroth drained strumous cysts with antiseptic precautions. In one of these cases, the cure was speedily effected; in the other, the cyst was not wholly absorbed, as there were calcareous deposits in its walls. The sac was then opened and the contents removed, after which the patient, a woman aged 72, recovered.

The author thinks that tapping the cyst and putting in a drainage-tube ought to be done in cases where a cyst does not collapse immediately after being tapped, or in old people where the injection of iodine might be succeeded by a too strong reaction, but where extirpation of the goitre might prove fatal. In the course of the last year, Billroth has extirpated goitres in seven cases under antiseptic precautions, the results having each time been very favorable. In one of these cases the patient was suffering from malignant cystous papilloma; in another case the struma was of carcinomatous nature. All the wounds healed by first intention.—*London Med. Record.*

#### **Unusual Effect of a Hypodermic Injection of Morphia.**

—Dr. Aug. M. Tupper, of Rockport, Mass., reports, in the Boston Med. and Surg. Journal, the case of a healthy-looking man, aged about 30, who was suffering severely from lumbago; counter-irritants having failed to afford relief, he injected directly over the seat of pain nine drops of a solution of sulphate of morphia, one grain to a drachm of water with one drop of carbolic acid to keep it. In five minutes the patient was relieved. In about five minutes later he complained of nausea; before a basin could be given him he grew deadly pale, his eyes rolled up, so that only the whites were visible, jaws were clenched, head drawn back, the whole body stiffened, respiration ceased, and the pulse at the wrist was absent. Cold water was instantly dashed in his face. In about a minute his eyes were observed to be widely open and staring, and the pupils widely dilated. Very soon the color began to return to his face, he was drenched with perspiration, and recovered consciousness. His pulse was now sixty, full, but irregular.

Dr. Tupper has given the same mixture a great many times without the slightest trouble. The solution was freshly prepared the morning it was used, and the same dose had been, on the same day, injected under the skin of a neuralgic female before using it on the patient whose case is above narrated. The injection entirely relieved the lumbago.

This and similar cases which have been reported from time to time show that in patients whose tolerance to the hypodermic use of morphia is not known, it is not safe to begin with a larger dose than one-eighth of a grain.—*Med. News.*

**Treatment of the Fibrous Tumors of the Uterus.**—At the late International Medical Congress at Amsterdam, Dr. J. De La Faille read a paper on this subject, of which the following are the conclusions:

1. The mode of treatment of fibroid tumors of the womb depends principally upon the flow of blood that accompanies them.
2. The seat of the tumors and their development modify the treatment.
3. Internal medication offers but little prospect of success, though it may be tried in intra-parietal fibromas. The same may be said of alkaline baths.
4. One of the most rational modes of treatment of intra-parietal fibromas is that of subcutaneous injection of ergotine.
5. The plan of dilating the womb by means of the prepared sponge of laminaria is not without danger; it requires at least a prompt renewal of the dilating substances.
6. Linear excision is preferable to any other method for operating upon fibrous polyps.
7. Intra-uterine fibromas are best removed by enucleation. The same applies to sub-peritoneal fibromas.
8. In cases of gastro-hysterotomy, intra-peritoneal treatment of the pedicle is preferable to extra-peritoneal treatment.
9. Total extirpation of the uterus offers some great advantages.
10. Castration is seldom indicated in cases of fibrous tumors of the womb.—*Arch. Gen. de Medecine.*

**Intra-Tympanic Injections.**—Dr. Weber Liel, in *British Med. Journal*, says, that sixteen years of experience in aural practice has forced him to give up the idea that it might be possible to cure inveterate catarrh of the tympanic cavity by means of intra-tympanic injections of medicated fluids.

1. The symptoms of catarrh of the tympanum may depend upon extension of a simple catarrh from the eustachian tube and the pharyngo-nasal cavity; then the latter only must be the object of treatment. In this treatment injections of strong nitrate of silver solutions into the mouth of the eustachian tube, followed four days afterwards by the use of the air douche, will be found to have the best effects in reducing the catarrhal symptoms. But, in order to avoid inflammation of the tympanum, not more than a few drops of the solution must be blown in with force by means of the eustachian catheter; and the patient must be forbidden to blow his nose till four hours after the injection.

2. The symptoms of the intra-tympanic catarrh are due not only to a catarrh of the tube, but to a collapse of the walls of the eustachian canal dependent on insufficient or paralyzed action of the eustachian tube muscles. In such cases, not intra-tympanic injections, but the awakening of the activity in the tubal muscles, by intra-tubal electricity, must be the treatment to cause the disappearance of the symptoms of the secondary intra-tympanic vascular stasis and catarrh.

3. Symptoms of congestion and catarrh of the tympanic cavity may arise from alterations of the vaso-motor and trophic nerves and of the sympathetic supplying the tympanic cavity. Solutions of carbonate of soda diminished mucus, incrusts and transuded purulent matter and softened adhesion.—*Detroit Lancet.*

**Traumatic Tetanus.**—Dr. Molliere relates the following case in the *Gazette des Hopitaux*. The patient, aged 25, had been accidentally shot in the right foot. The fourth and fifth toes were so badly injured that they were amputated at once; the first phalanx of the third was fractured, and the articulation opened, but it was thought that it might be preserved.

The patient was treated antiseptically, and seemed to progress well during a fortnight, when suddenly he began to complain of a feeling of lassitude, the wound became very painful, and he experienced some difficulty in opening his jaws and turning his head. The toes were dressed with laudanum, and the patient took half a drachm of bromide of potassium and a drachm and a half of chloral daily; he had also two hypodermic injections of morphia.

Notwithstanding this treatment, the patient became worse, the pain in the foot increased, and all the symptoms of acute tetanus showed themselves; he had general convulsions, could not move his head or open his mouth, perspired abundantly, had very high temperature, etc. The wound becoming exceedingly painful, the injured toe was amputated.

From that day the local pain ceased, and the other symptoms gradually vanished. The patient remained sleepless for a rather long time, notwithstanding the use of hypnotics, but could open his mouth freely, and could swallow. Smaller doses of chloral and bromide of potassium were given, and a month after the operation the patient was well enough to leave the hospital.

On dissecting the toe which had been removed, it was found that a small sharp fragment of bone was sticking in the internal lateral nerve, and had in this way caused the tetanic convulsions.

This case is remarkable on account of the different methods of treating tetanus having been combined in the treatment. Without the amputation, the drugs given would have had no effect; but on the other hand, if the powerful doses of hypnotics had not been administered, the surgical treatment would, in the author's opinion, have proved useless.—*British Med. Journal*.

**The Method Used in Germany in the Treatment of Placenta Prævia.**—The earliest possible rupture of the membrane must be the safest check to the bleeding, and, indeed, this treatment has had the best results. It is a mistake to suppose that the bleeding can be stopped by compression of the presenting portion. In a few of these cases treated in the lying-in hospital, the bleeding ceased immediately on rupturing the membrane, although only a thigh lay in the orificium uteri, which did not at all fill it out. A forced birth is, however, not advisable, as the cervix in placenta prævia, although it may be dilated, is also easily ruptured.

Dr. Bennicke has, in nine out of twelve cases treated in the city, ruptured the membrane early; then by a combined version pulled down a foot, and then allowed nature to finish the delivery. The twelve women lived, also four of the children.

Dr. A. Martin ended forty-one cases operatively, and lately has advocated as the safest the treatment herein prescribed. He recommended the rupture of the membranes because the disadvantage of the

tampon, especially the infection, is thereby avoided. The cervix is not always easily dilated; for instance, he once saw a case of rupture occurring during the passage of the head, and by which the woman bled to death. He tried, only once, Kleinwaechter's method to loosen the placenta considerably, and then to inject ice water, and with bad result.

After the birth of the child the placenta must be immediately removed. Against post-partum hemorrhage he recommends injection of hot water in the uterus.

Dr. Jacquet expresses himself also in favor of early rupture of the membrane and of combined version.—*Buffalo Medical and Surgical Journal*.

**Tooth Brushes.**—Dr. Palmer, in *Dental Cosmos*, says :

"Concerning the forms of brushes, I will say that straight brushes are utterly impracticable on the surfaces to which I have referred as the ones most neglected. Curved brushes with a tuft end, bud-shaped or convex, are the best.

"There are several favored forms that are quite efficient in the line I have spoken of. One of these, named the 'Windsor,' I have faithfully tried for twenty months past, and introduced it very generally in my practice, and I feel that it meets the indications better than any other within my knowledge. The faithful use of floss-silk between the teeth ought to be earnestly recommended; also the *quill* toothpick. The wood toothpicks so generally furnished at public eating-places are a source of much evil to the soft tissues between the teeth. All kinds of metallic toothpicks are objectionable, though I am aware that it is the practice of some dentists to commend them to their patients."

**The Metric System.**—The metric system does not seem to be making great headway among medical men in this country, but perhaps the progress is as good as could be fairly expected. At present decimal fractions are less familiar than common or "vulgar" fractions to druggists, as to most other business people, and practice alone can give expertness and accuracy in the use of the former. We suspect that this is really one of the chief obstacles to the general introduction of the metric system. To the popular mind  $\frac{1}{2}$ ,  $\frac{1}{4}$ ,  $\frac{1}{8}$ , etc., are symbols that are instantly understood, while the corresponding decimals .5, .25, .125, etc., are but slowly apprehended. When the fractions are less simple, the difficulty is proportionately greater. Our familiarity with Federal money does not help us here, for in that we use no decimals beyond hundredths (we write  $.12\frac{1}{2}$ , not .125, etc.), and read them as *cents*, not as fractions of a dollar.—*Boston Journal of Chemistry*.

**A Daring Operation.**—An operation was recently performed by Pean, of Paris, which for boldness is perhaps unique. The patient was suffering from cancer of the pyloric extremity of the stomach, completely blocking up the passage. He removed the pylorus and stitched the severed end of the stomach to the duodenum. The patient died on the fifth day.



**Gall Stones.**—Dr. Buckler, in an article in the Boston Medical and Surgical Journal, seems to place the utmost confidence in the use of chloroform to dissolve gall stones. He gives 15 to 20 drops, or more, every three or four hours, and claims to accomplish solution in a week or ten days.

In cases where the use of chloroform is objectionable, and in all cases of the use of chloroform, he uses the succinate of iron, in doses of half a teaspoonful after each meal. He says: Of all the certainties of medicine, there is nothing more absolutely sure than that chloroform will in every instance dissolve calculi in the gall bladder."—*Ohio Med. Recorder*.

**Hypodermic Injections of Ether in Sciatica.**—In a case reported in Lancet & Clinic, by Drs. Whitaker and Maris, the first injection of fifteen minims immediately produced warmth and reduced pain, and patient slept soundly that night for the first in two weeks. Afterwards used five injections on the five days succeeding, one each day, averaging twenty-five minims each. Improvement continued steadily. Patient put on comp. phos. pil. and iron. Appetite immediately returned, sleep returned; use of leg gradually returned, muscular atrophy disappearing, and he is now well. No abscess formed, only slight callous forming around the puncture.

**Propylamine in Acute Rheumatism.**—Dr. Gaston, of Indiana, says that this agent will subdue the pain in 24 to 48 hours. Dr. Tyson, of Philadelphia, also recommends it where the salicylate of sodium is for any reason inapplicable. His formula is:

R. Propylamin Chloridi...gr. xxiv.  
 Aq. Menthe,..... $\frac{3}{4}$  vj.  
 S.  $\frac{3}{4}$  ss, every 2 or 3 hours.

Benefit was apparent in twenty-four hours.—*Philadelphia Medical Times and Indiana Journal of Medicine*.

THE crayon or pure alum is employed by Magnus instead of copper sulphate in chronic and granular conjunctivitis. It is less painful, and the results are perhaps more durable. Frankel has extended its employment with satisfaction to the diseases of woman. It dissolves rapidly into the uterus without exciting uterine colic. It renders good service also in abscesses of scrofulous glands.—*Gaz. Hebdom from Bresl. Aertal. Zchft.*

**Nearsightedness and the Color of the Eyes.**—Mr. Nicate stated, at the meeting of the French Society for the Advancement of Science, that as one of the results of his examination of 3,434 eyes in relation to myopia, at Marseilles, this defect was observed far more frequently in light than in dark eyes, blue and gray eyes furnishing 18 per cent., and black and brown eyes only 11.27 per cent.—*The Hospital Gazette*.

## SCIENTIFIC ITEMS.

**Dangers of the Telephone.**—The introduction of new inventions amongst the practical requirements of civilized life brings with it its disadvantages. The telephone is destined to become a most useful agent in daily intercourse, but Dr. F. M. Peirce, of Manchester, points out, in *British Medical Journal*, a possible source of inconvenience in its use. The following case which came under his notice exhibits a way in which the ear may be more or less injured during the use of the telephone.

A woman about thirty-five years of age, manageress at a smallware manufactory in Manchester, which was connected with its office (two miles off) by a telephone, was listening to a message, when a violent clap of thunder took place, and which appeared to be conveyed through the wire. The effect on the listening ear was that of complete numbness and deafness, accompanied by a sensation of giddiness, slight nausea, and tinnitus aurium. These symptoms, with the exception of the deafness, passed away in a few minutes. Dr. P. did not see the patient for three or four days after this occurrence, and cannot, of course, speak as to the amount of deafness at first produced; but on the fourth day he examined the left ear (the listening ear), and found the hearing distance twenty forty-eighths of an inch. As his patient had always had perfect hearing with both ears and had never experienced any difficulty in hearing before, he thinks it very unlikely that this degree of deafness was due to any previous affection of the ear. She stated that she had never had anything the matter with her hearing until using the telephone during the storm. He had examined her lately, and found both ears and hearing distance quite normal; nearly a fortnight elapsed, however, before perfect hearing returned. This case was no doubt due to a concussion of the auditory nerve.—*Druggists' Circular*.

**Night Temperature at Different Altitudes.**—It is often warmer upon mountains than in valleys, especially in severe winters. Mr. Alluard states, in the *Comptes Rendus*, that he has found evidences at the observatory of Puy-de-Dôme, of frequent similar inversions at night, by tracing :

1. The curves of minimum temperature, in the two stations of the observatory.
2. The curves of maximum temperatures, obtained under the same circumstances.
3. The curves of the mean temperatures of the two stations, deduced from the maxima and minima.

The curves of minimum temperature often intersect, in summer as well as in winter, so that the summit of the mountain is sometimes 5° (9° F.) warmer during the night than the base. There is no similar intersection in the curves of maximum temperature. The inversions occur most often when the upper and lower currents are from different quarters, but sometimes when the two currents have the same direction. Further observations are needed in order to find the cause of the anomaly.

**A New Philosophical Toy.**—A curious phenomenon of sound is the *singing book*, now a philosophical toy. Thanks to M. Pollard, naval engineer of Cherbourg, it is within every intelligent person's reach. You place a small book on a table, the floor, or a chimney piece, and presently it distinctly emits songs, or duets by a piano or harp, and violin solos. The book is composed of ordinary paper, leaves of the latter alternating with some of tin. The metal leaves are united, the last two with an electric current, thus forming a condenser. The top and bottom sides of the volume communicate with an electric wire, along the wall, but concealed, and terminating in a pile in another room, where the speaker or singer, etc., deposits the sounds of his voice in a wooden mouthpiece, containing a metal plate and a stylus which, touching a spring, sets free the electric current and transmits the sound to the book, where it is repeated—a phenomenon not yet capable of being satisfactorily explained.—*Kansas City Review*.

**A New Use for Electricity.**—A new and useful application of electricity has been made by an American inventor to the apparatus for reeling silk from the cocoon. The delicate filaments of silk are carried over wire arms, which are so nicely balanced that they do not press against the silk strongly enough to break it, and, in this relation a current is kept open; but if the filament breaks the arm falls, the circuit is closed, and an electro-magnet instantly stops the reel until the break is repaired. As the work is now done the detection of a broken filament depends entirely upon the skill of the workman, and the work must be carried on slowly that the eye can note any break, while with this automatic stop it is said the labor will be much more rapidly done and a more uniform thread produced. The invention is being introduced into France and Italy, the two great silk producing countries of Europe.

**Annual Deaths of the World.**—Has any one ever sought to know how many persons die annually throughout the world? First, we may cite some figures as to the total population of the earth, which may be stated at 309,000,000 for Europe, 824,000,000 for Asia, 199,000,000 for Africa, 4,500,000 for Oceanica, 85,000,000 for America, giving a total of 1,421,500,000 inhabitants of the world. Nearly 100,000 persons die annually in France, which gives 2,890 deaths per diem in round figures. But France is one of the most favored countries in a sanitary point of view. In many countries, where epidemics are almost continually prevailing, the mortality is one-third higher than in France. Still, taking the numbers of deaths as observed in France, we obtain as the total of the annual deaths for the whole world 35,693,350; *i. e.*, 97,790 persons die daily. As a compensation, the number of births is valued at 70 per minute, or 104,800 per diem.—*Union Med.*; *Medical Times and Gazette*.

**The Electrical Polyscope.**—A set of instruments called by this name were shown to the International Medical Congress, by M. Trouve, of Paris. He states that by them the interior of the stomach and bladder can be illuminated and examined with great completeness. Dr. Witsch, of Germany, has invented similar instruments, by which he claims to have attained the same results.—*N. Y. Med. Journal*.

## PRACTICAL NOTES AND FORMULÆ.

**Calomel—Its Conversion into Corrosive Sublimate.**—Dr. G. Vulpus (*Archiv. Pharmacia—Boston Medical Journal*, August 28, 1879). has made a considerable number of researches to determine under what conditions, if any, calomel is converted into corrosive sublimate in ordinary prescriptions.

He concludes: 1. No corrosive sublimate forms in twenty-four hours in mixtures of calomel with white sugar, milk sugar, calcined magnesia, carbonate of magnesium, or bicarbonate of sodium. 2. No such formation takes place in three months in mixtures of calomel with calcined magnesia, carbonate of magnesium and sugar. 3. Mere traces of corrosive sublimate are found at the end of three months in a mixture of calomel, bicarbonate of sodium and milk sugar. 4. A considerable quantity of corrosive sublimate forms in the same time in a mixture of calomel, sodium bicarbonate and cane sugar. 5. Corrosive sublimate forms in calomel powders containing calcined magnesia or sodium bicarbonate, if digested with water. 6. The formations of corrosive sublimate in mixtures of calomel and alkalies digested in water for a short time is not favored by the presence of hydrochloric acid, but, on the contrary, hindered to some extent, on account of the neutralization of the alkalies by the acid.—*Detroit Lancet*.

**Cold Cream without Oil.**—A new cosmetic is now in vogue in place of the old-fashioned cold cream, which it much resembles in appearance, with the advantages of being less expensive and less liable to rancidity. Mr. E. Lebaigue gives for it the following formula:

Quince seed mucilage.....	10 drachms.
Almond oil soap.....	15 grains.
Stearic acid.....	$\frac{1}{2}$ drachms.
Glycerine.....	$\frac{1}{2}$ drachm.

Rub the stearic acid and the soap together in a warm mortar, add gradually to the mixture the mucilage so as to form an emulsion, and lastly the glycerine. The cream may now be perfumed with otto of rose or any suitable essential oil.—*Druggists' Circular*.

**Treatment of Prostatic Enlargement.**—Ergot internally is strongly advocated in this complaint by Mr. R. Harrison, in the *Lancet*. He sums up all treatment by saying that the great point to aim at is to secure healthy urine, and this is attained by tying in an elastic catheter, and allowing the urine to pass away as it is secreted, until it becomes healthy, and then draw it off at regular and gradually prolonged intervals.

**Tasteless Saline Purgatives.**—In the *Paris Medical*, August, 1879, Dr. Yoon recommends the following combination as almost concealing the disagreeable taste of Epsom salts:

R. Magnesii sulphatis.....	3 v
Essentia menthae.....	gtt. iij. M.

To be dispensed in a very little water.

**Cure of Rheumatism.**—Mrs. E. A., aged twenty-seven years; first visit March 11th, 1877; pulse 100, temperature  $103\frac{1}{2}$ , tongue very much coated, urine scanty, bowels constipated, wrist, shoulder and ankle of left side swollen, red, sensitive to touch or motion, and very painful. I prescribed as follows:

R. Bicarbonate of potassa..... $\bar{3}$  j  
Bicarbonate of soda..... $\bar{3}$  vj. M.

Divide into 15 parts and put up in blue papers.

Citric acid..... $\bar{3}$  ss.

Divide into 15 parts and put up in white papers.

SIG.—Dissolve one of each kind in one-third tumbler of water, mix and drink while effervescing.

R. Fl. ext. aconite.....gtt.xx  
Water..... $\bar{3}$  iv. M.

SIG.—Teaspoonful every hour.

March 13.—Patient quite easy; continued effervescing powders; discontinued aconite; prescribed two grains of quinine every four hours; alternating with effervescent powders. March 16.—Patient convalescent; continued effervescent powders once in six hours, alternating with quinine. March 20.—Patient quite well, and at work.

I have followed this treatment in quite a number of cases, and with good results. I sometimes have to treat complications, but place my reliance on the potassa and soda as general remedies in this disease.—*Michigan Medical News.*

**Whooping Cough Mixture.**—In pertussis, Dr. Pollak, of Austria, recommends, for insufflation:

R. Quinise tannatis.....  
Sodii bicarbonatis.....aa 5 parts  
Pulv. acacie..... 100 parts.

Use with an insufflator.

—*Medical and Surgical Reporter.*

**Ovarian Dysmenorrhœa.**—The following combination is well spoken of in the *Medical Brief*, by Dr. Pattee, in the above disease:

R. Tinct. pulsatillæ.....  
Tinct. actæe albæ.....  
Tinct. cimicifugæ.....aa gtt.xv  
Aquæ.....f.  $\bar{3}$  iv.

A teaspoonful three or four times a day.

#### Quinia and Iron Tonic—

R. Ferri et quinise citr.....grains 40  
Acidi hydrobrom.....fl.  $\bar{3}$  2  
Spir. limon.....fl.  $\bar{3}$  1  
Syrupl.....fl.  $\bar{3}$  6  
Aquæ..... q. s. ad fl.  $\bar{3}$  6

Dose:  $\frac{1}{2}$  to 1 fl.  $\bar{3}$ .—*Pharm. Journal.*

**For Syphilis.—***Mist. Hydrarg. Bichlor.*

R Hydrarg. chlor. corros.....	gr. 1.
Potass. iodidl.....	3 2.
Tinct. gent. co.....	fl 3 4.

Dose, a teaspoonful.

*Mist. Potass. Iodidi.*

R Potass. iodidl.....	3 4.
Syr. sarsap. co.....	
Tinct. gent. co.....	aa fl 3 1. M.

Dose, a teaspoonful.

*Mixed Treatment : Taylor's.*

R Hydrarg. biniodidl .....	gr. 1.
Potass. iodidl .....	3 4.
Syr. sarsap. co.....	
Aqua.....	aa 3 2. M.

Dose, a teaspoonful.

*Mixed Treatment : Thompson's.*

R Hydrarg. biniodidl.....	gr. 1.
Potassii iodidl.....	3 3.
Tinct. aurantii.....	fl 3 1.
Aqua .....	fl 3 3. M.

Dose, a teaspoonful.

**Discutient Ointment.—**

R Extract of conium.....	3j.
Iodide of potash.....	3j.
Extract of belladonna.....	3j.
Extract of hyoscyamus.....	3j.
Axungia, or glycerine of starch.....	3j. M.

The above will exercise a manifest resolvent action upon glandular enlargements. In similar cases, and when it is necessary to leave the extract of conium in constant contact with the diseased parts, in strumous adenitis, and chronic arthritis of the same nature, it will be more convenient to employ the emplastrum conii, the formulæ for which are numerous, but which may be made simply by spreading on a piece of skin, a plastic mass, composed of one part of white wax, two parts of resin and nine parts of alcoholic extract of conium.—*Le Progres Med.*

**Asthma.—**

R Iodide of potassium.....	3ij.
Decoction of senega .....	3ij.
Tinct. of lobelia.....	3vj.
Camphorated tinct of opium.....	3vj. M.

One to two teaspoonfuls three to four times per day.

**Treatment of Asthma.—**

℞ Senega root..... 3 ss.  
 Boil in  
     Water ..... 3 jv,  
 until the  
     Decoction be reduced to..... 3 ij,  
 filter and add of  
     Iodide of potassium..... 5 ij.  
     Syrup of opium..... 3 iijss.  
     Brandy ..... 3 ij.  
 color with  
     Tinct. of coch..... q. s.  
 and filter.

The patient should every day take three tablespoonfuls of this elixir, one in the morning before breakfast, at mid-day and in the evening until the cessation of the asthma. This is almost, as Trousseau remarked, forty-five grains of iodide of potash per day.—*Le Progres Medical*.

**To Arrest Vomiting During Pregnancy.—**

℞ Ceri oxalat.....  
     Ipecacuanhae .....aa gr. i.  
     Creosoti..... gtt. j.  
 M. Sig. To be taken every hour.—*New Remedies*.

**Cough Mixture.—**

℞ Cod-liver oil..... 3 ll.  
     Honey ..... 3 ll.  
     Lemon juice..... 3 ll.

One to two teaspoonfuls three times a day.

**Linimentum Potassii Iodidi—**

℞. Saponis albi..... 3 12  
     Aquae destillatae.....fl. 3 3½  
     Alcoholis..... fl. 3 1  
     Potassii iodidi..... 3 6  
     Adipis..... 3 1

Macerate the soap in 2 3 of the water; dissolve the iodide of potassium in the remainder of the water; then add the alcohol, and afterwards the lard, using a gentle heat. If desired, add some perfume.—*Pharm. Journ.*

**Powder for Flatulent Dyspepsia.—**

℞ Powdered nux vomica..... 10 grains.  
     Powdered rhubarb ..... 60 grains.  
     Prepared chalk..... 45 grains.  
     Oleo saccharate of mint..... 3 j.

Mix carefully and divide into 20 powders. One powder before each meal in a wafer. Two tablespoonfuls of lime water in half a tumblerful of sweetened water after each meal. Wine diluted with orezza-water if the dyspepsia be complicated with anemia.



## EDITORIAL AND MISCELLANEOUS.

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*Contributors to last Volume.*—By an oversight in our index of last year's volume the contributors to our *Practical Notes* department were omitted. It was unintentional and resulted from the great press of business upon us.

We here append the names of the medical gentlemen who favored us with articles to this department, and request that they continue to write, and that others favor us with notes of practice and useful formulæ during the present year :

W. D. Hunt, M.D., of Kentucky.  
 Jas. Case, M.D., of Georgia.  
 I. T. Suggs, M.D., of Texas.  
 J. C. McCoy, M.D., of Texas.  
 W. W. Carpenter, M.D., of California.  
 R. E. Hutchins, M.D., of Mississippi.  
 McCready, M.D., of Pennsylvania.  
 A. W. Burrows, M.D., of Indiana.  
 L. A. Rutherford, M.D., of Georgia.  
 L. G. Lincecum, M.D., of Texas.  
 J. S. Jones, M.D., of Louisiana.

*Medical Societies.*—We again urge medical men in every community to organize Medical Societies. They constitute an excellent means of promoting progress in the profession. They bring medical brethren into close and intimate relations, and develop friendly and social qualities among them; they impart zeal and interest to the study of medical science, and furnish the opportunity for pleasant and instructive interchange of views upon medical topics, which redounds to the mutual benefit of the members.

We have offered and still offer special concession to Medical Societies in ordering of our journal.

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### EDITORIAL NOTICES.

*Greetings from Advertising Patrons.*—We are pleased to acknowledge New Year greetings from our esteemed advertising patrons, Messrs. Parke, Davis & Co., and Messrs. Hance Brothers & White. We tender them our thanks and wish them great happiness and abundant success.

*Henry Thayer & Co.*—See new advertisement of this old and reliable establishment, commencing with this number of our journal. The purity and excellence of their resinoids and sugar-coated pills are well attested. They present a fine list of *New Remedies*, and their specialties are of a high order.

*Parke, Davis & Co.*—We ask attention to the new advertisement of this large, reliable and enterprising House, commencing with this issue of our journal.

*Wm. R. Warner & Co's new Advertisement.*—This excellent House maintains unabated the confidence of the public. Their business is very extensive.



*How to Secure and Hold a Good Practice*.—Be attentive and courteous to all. Go promptly to any call. Show an interest in your patient; if you do not feel, then assume it; it need not be considered deception, but is truly and essentially a good medicine. It helps the patient. Do not be over-hasty, but as far as possible use dispatch and give an appearance of decision and confidence. Stay at your office or place of business when not engaged in practice; and when gone leave a record on a slate, stating when you will return. In addition to this, keep well posted in the progress of the profession, that you may give your patients the benefit, and yourself the advantage, of the latest and best facilities. To do this you should take THE SOUTHERN MEDICAL RECORD.

*Scott & Browne's Preparations of Cod Liver and Palatable Castor Oil*, advertised in this journal, are both excellent medicines, in which two very useful and important medicinal agents are presented to the profession in neat and palatable form. See advertisement.

*Atlanta Price Current of Drugs*.—The price current of drugs in this city will be hereafter published regularly in our journal—corrected monthly by the wholesale and reliable drug House of Messrs. Pemberton, Pullum & Co. This will add to the interest and usefulness of THE RECORD, and will, we doubt not, be appreciated by our readers.

*Our Advertising Department* costs our subscribers nothing, as we give a uniform amount of reading matter with each issue—it is growing in interest and variety—we hope that our readers will patronize our advertisers. As a rule, men who thus announce their business to the world, are prompt, energetic and liberal men, and deserve to be sustained. We feel safe in recommending all who are represented in our pages as *first-class and reliable houses*.

### BOOK NOTICES.

**PARACENTESIS OF THE PERICARDIUM**, *a Consideration of the Surgical Treatment of Pericardial Effusions*, by John B. Roberts, A.M., M.D., Lecturer on Anatomy in the Philadelphia School of Anatomy, Demonstrator of Anatomy in Philadelphia Dental College, etc., etc.; with illustrations. Philadelphia, J. B. Lippincott & Co.

This is an ably-written book of 100 pages, neatly printed, and must prove very acceptable to the profession, and especially to the surgeon.

**THE PHYSICIAN'S DAILY POCKET RECORD**, comprising a list of many useful memoranda, tables, etc., by S. W. Butler, M.D., fourteenth year. New and thoroughly revised, with metric osological table, etc.; edited by D. G. Brenton, Philadelphia. Published at the office of the Medical and Surgical Reporter.

**MEDICAL CHEMISTRY, INCLUDING THE OUTLINES OF ORGANIC AND PHYSIOLOGICAL CHEMISTRY**, based in part upon Riche's *Manual de Chemie*, by C. Gilbert Wheeler, Professor of Chemistry in the University of Chicago, and formerly Professor of Organic Chemistry in the Chicago Medical College. Second and revised edition. Wm. Wood & Co. New York. 1880.

This is a volume of over four hundred pages, embracing a department of chemical study which has received too little attention. It must prove a work of great interest and value to the student, and also to the practitioner.

Professor Wheeler is the author of the following useful, able and interesting works: *Derivative Mineralogy*, *Natural History Charts*, *Natural History Primer*, *Catalogus Polyglottus*, and *Chemistry of Building Material*.

**THE DUTIES** of the Medical Profession concerning Prostitution and Its Allied Vices. Being the Oration before the Maine Medical Association at its annual meeting, 12th of June, 1878. By Frederic Henry Gerrish, M. D., Professor of Materia Medica and Therapeutics, and Lecturer on Public Health, in Bowdoin College; Instructor in Physiology and Microscopical Anatomy in the Portland School for Medical Instruction, etc.

**OSTER-SHUCKER'S CORNEITIS.** (Corneitis Ostrearil.) Reprinted from Virginia Medical Monthly, February, 1879. By W. J. McDowell, M. D., Chief of Clinic to Chair of Eye and Ear Diseases University of Maryland; Attending Surgeon to Presbyterian Eye and Ear Hospital, etc., Baltimore. Read before Baltimore Med. and Surg. Society, January 16, 1879.

**ON THE POSTURAL TREATMENT** of Tympanitis Intestinalis following Ovariectomy. By Edward W. Jenks, M. D., Professor of Medical and Surgical Diseases of Women and Obstetrics, in Detroit Medical College; Fellow of the Obstetrical Society of London; Fellow of the American Gynecological Society; Honorary Member of the Cincinnati Obstetrical Society; etc., etc.

**STERILITY AND ITS TREATMENT.** By William H. Wathen, M. D., Clinical Lecturer on Diseases of Women and Children, Louisville Medical College; Surgeon in the Female Department, Louisville City Hospital.

**ON ARTIFICIAL DISINFECTION** as a Means of Preventing the Spread of Infectious Diseases. By Rev. S. H. Timins, M. A., F. G. S.; Vicar of West Malling, Kent; student of St. Thomas' Hospital, London.

**OPIUM AS A TONIC AND ALTERATIVE;** and its Hypodermic Use in the Debility and Amorosis sometimes consequent upon Onanism. By B. A. Pope., M. D.

**THE FIRST ANNUAL REPORT** of the Presbyterian Eye and Ear Charity Hospital, No. 77 East Baltimore street, Baltimore, Md. For the year ending December 2, 1878.

**REMARKS ON OVARIOTOMY,** with Relation of Cases and Peculiarities in Treatment. By Nathan Bozeman, M. D., New York, Surgeon to the Woman's Hospital of the State of New York, etc.

**THE TREATMENT** of the Genito-Urinary Organs, the Use of Electricity, Damiana, etc., etc., by John J. Caldwell, M. D., 65 North Charles street, Baltimore, Md.

**IMPOTENCY IN WOMEN.** By Ely Van De Warker, M.D., Syracuse, N. Y. New York: William Wood & Co., 27 Great Jones street. 1878.

**CHLORAL INEBRIETY,** read before the Kings County Medical Society, April 15, 1879. By J. B. Mattison, M. D., Brooklyn New York.

**THE HAND AS A CURETTE IN POST-PARTUM HEMORRHAGE.** By Henry P. C. Wilson, M. D., Baltimore, Md.

**ANNUAL ADDRESS** before the American Academy of Medicine, at New York, September 16th, 1879. By Lewis H. Steiner, A.M., M.D.

**TRANSACTIONS** of the Detroit Medical and Library Association, April, 1879. Published quarterly by the association.

**STORER. TREATMENT OF STRUMOUS DISEASE.**

**OPHTHALMIA NEONATORUM.** By Richard H. Lewis, M. D.

**THE THERMANTIDOTE**, an Instrument for Preventing the Evil Effects of Heat from Paquelin's Thermo-Cautery when Operating in Deep Cavities, by P. C. Wilson, M.D. Baltimore, Md.

**ESOPHAGISMUS**, a Typical Case of True Spasmodic Stricture of the Esophagus Resembling Organic Stricture, Completely Cured by the Passage of a Full-size Esophageal Sound; with Remarks on the Subject, by J. J. Henna, M.D., Surgeon to the Out-Patient Department of Bellevue Hospital, New York, Member of the Medical Society of the County of New York, etc.

**TREATMENT OF CHRONIC AURAL DISCHARGES**, by Julian J. Chisolm, M.D., Professor of Eye and Ear Diseases in the University of Maryland, and Surgeon in charge of Baltimore Eye and Ear Institute; Surgeon of Presbyterian Eye and Ear Charity Hospital, etc.

**AN EXAMINATION of the Usual Signs of Dislocation of the Hip—Also AN INQUIRY into the Proper Mode of Procedure when Dislocation of the Hip is accompanied with Fracture of the Femur**, by Oscar H. Allis, M.D., Surgeon to the Presbyterian Hospital. Philadelphia.

**A CLINICAL CONTRIBUTION to the Study of Post-Paralytic Chorea—A CONTRIBUTION to the Study of Localized Cerebral Lesions**, by E. C. Seguin, M.D., Clinical Professor of Diseases of the Mind and Nervous System, in the College of Physicians and Surgeons, New York; President of the New York Neurological Society.

**RIN, WORM IN PUBLIC INSTITUTIONS—ROSACEA**, by John V. Shoemaker, A. M., M.D., Lecturer on Dermatology at the Philadelphia School of Anatomy, etc.

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## SPECIAL NOTICES.

**Wm. B. Warner & Co.** have for years been regarded as amongst the most reliable manufacturers of pills in this country. We have recently received a bottle of their quinine pills, sugar-coated, with which we have had a satisfactory experience. Dr. Yale made a report to New Remedies last spring upon the pills of various manufacturers, amongst them his experiments with pills of quinine, made by Warner & Co., that shows a great perfection of result.—*Obstetric Gazette*.

**A Reliable Wine.**—Mr. A. Speer, of New Jersey, whose Port Grape Wine has such a wide reputation, and which physicians prescribe so generally, was the first in this country to introduce the art of making wine from Oporto Grape, which is now the best wine to be had, and has become a great favorite among the most fashionable in New York and Philadelphia. For sale by Druggists.

**ATTENTION** is called to the advertisement of Messrs. Parke, Davis & Co., in the present number of the RECORD. Liquor Ergota Purificatus will especially commend itself to careful obstetricians who desire to administer ergot but have been deterred from doing so by the variable strength of the different extracts and solutions in the market, or the deleterious principles contained therein. Manaca, the Brazilian remedy for rheumatism, and Jamaica Dogwood, recommended as a substitute for opium, are also worthy of examination and trial. Several of the preparations recently introduced by this enterprising firm, have been found to possess marked remedial value, and any new products of their laboratory can hardly fail to prove of interest.

T H E

# Southern Medical Record.

EDITORS:

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## ORIGINAL AND SELECTED ARTICLES.

*REPLY TO PROF. LEVIN S. JOYNES PAPER ON "QUARANTINE BY THE GENERAL GOVERNMENT," AND  
TO PROF. CHAILLE ON "CASTRATION AND  
SPAYING AS A MEANS OF AR-  
RESTING SYPHILIS."*

BY DR. ALBAN S. PAYNE,

Professor of Practice, in *Southern Medical College.*

State medicine, preventive medicine, I regard to be that branch of knowledge which treats of the general means to be employed under public authority for the preservation of the public health—in other words, it is public hygiene. It is as old as the Pentateuch, which embraces many of its provisions, and has engaged the serious attention of medical men from the most remote period to the present time. Hygiene is defined to be health, or the art or science of preserving health, that department of medicine that treats of the preservation of health. This is the true definition of "State Medicine," in its proper and most restricted sense; but the word state is susceptible of a very wide signification. Joined to another word it denotes public, as "state affairs," "state policy," etc., etc.; any body of men, united by profession, or constituting a part of the integral portion of the people.

Medicine, in the largest sense of the term, comprehends everything pertaining to the knowledge, cure and palliation of diseases. It also embraces the alleviation of pain and the prevention of disease in the inhabitant or inhabitants of a country. State medicine, then, in its broadest signification (the manner in which I propose to discuss it), may be likewise defined: The art of preventing, alleviating and curing the diseases of the inhabitants of the State, under the direction of public authority.

In this wide range it will be seen to embrace all our public charities: Our asylums for the protection and cure of the insane; the asylums for the instruction and maintenance of the deaf and dumb, and the blind; our inebriate asylums, for the relief and cure of the unfortunate victim to alcoholic indulgencies; our alms houses; our hospitals, jails, infirmaries and dispensaries, etc. To illustrate this position we will take a single example. We suppose, for instance, that from the excessive use of alcoholic stimulants the poor unfortunate victim of intemperance has so unsettled his nerves that he finds himself wholly powerless to resist his *mania* for strong drink; at the same time he possesses the most painful knowledge that by a continued gratification of his depraved appetite, he is being dragged down day by day deeper and deeper into the slimy vortex of everlasting shame and degradation. In this sad state of affairs his friends, or the public authorities, send him to an inebriate asylum, where he receives the proper medication and care. His health is restored to its pristine vigor, his *mania* is gone, he is a rational being once more.

"Richard is himself again."

This is unquestionably State preventive medicine.

Again, disease produces disease—like begets like, death begets death. And be it an act, or a word, or a single dose of medicine, so it resists, death, suffering or disease, in a single individual or in a whole community, it becomes, *de facto* and *de jure*, preventive medicine. I do not doubt that a kindly word opportunely spoken, a moral lecture well delivered, has often proven to be preventive medicine. It has proven so by changing the determination of some one who has contemplated in the silent chambers of his poor, sad heart, that awful act of self-destruction, a sentiment much oftener entertained in the human bosom than is generally supposed to be the case. Many a useful man now living who is an ornament to the circle of society in which he moves, has, at some period of his life, entertained some such ideas. Had not this determination been changed, it may be by the kindly word, or by the moral lecture, and the terrible act been committed, the result would be that in a few short months or years, we should have seen a fond darling mother, a proud father, an affectionate brother or the darling sister, with all the bloom and beauty on her life like features, "fall as the leaves fall" into the cold, silent grave dug beneath the shade of the wide spreading "weeping willow," here to rest until the grand day of the final resurrection. Has not this kind word, this moral lecture, proven itself to be *preventive medicine*? When we consider the great good accomplished by "state medicine" in the last 30 years, we shall find much to praise and to honor in those noble, self-sacrificing men who have controlled our public Institutions during this long period of years; and who have brought them to that state of

perfection so creditable to the present age. This should encourage us to press on in the future, until the working of our institutions shall be equal to those of any nation in the world, and shall reach that state of perfection so much desired by the philanthropist.

Some of these great improvements consist in the notorious fact that the buildings are much larger, roomier and much better arranged in regard to convenience and comfort. There is also much more care given to *ventilation* now than formerly. The treatment of the insane is much more humane, much more conducive to their amusement and comfort, than it was thirty years ago. The same facts hold good in regard to almost all of our State institutions.

However, for one *shocking* instance to the contrary, see Dr. C. W. Chancellor's report "On the Public Charities, Reformatories, Prisons and Alms-Houses of the State of Maryland, July, 1877."

I have said by these great achievements in the past we should be encouraged to press on in the future with this important and noble work of "preventive medicine." But at the same time we should do so modestly, carefully, composedly, sensibly, without a single thought of self-aggrandizement and entirely *untrammelled* by either fear or favor. Now, I am one of those who do not like the working of the "National Board of Health." Its proceedings seem to *smack* too much of *sensationalism* either to engage my confidence or to elicit my admiration. If it had more medical and less politico-medical jurisprudence about its proceedings, it might be different with me. Their action is too much that of a "great ring" organized for and intent on gaining the sympathetic ear of the public through the halls of Congress, than it is like that of a careful, sensible, painstaking body of scientific gentlemen calmly collecting the dry, uninteresting facts in regard to the prevention and cure of epidemic diseases. Moreover, it appears to my plain, *unvarnished* way of thinking, most all the articles I have recently read on preventive medicine seem too much as if prepared for the eye of the politician and the public, or other than the benefit of the hard-working, careful practitioner of medicine. Hence we find those sensational terms, "freezing out" and "stamping out" becoming "fashionable parlance" in medical communications, or rather in what should have been strictly medical communications.

Such sensational terms should never be used by the *regular* physician, unless in a sense of ridicule. "Freezing out" the contagia of yellow fever is too *puerile* to merit any consideration in this paper. Only I should like to know how Professor Gamgee would go about "freezing out" the contagia of yellow fever in a vessel containing a cargo of "monkeys" and sacks of coffee!

Here I presume the "freezing out" would give place to the "stamping out" process and the poor monkeys would be killed and the coffee burned and our broad-backed Uncle Sam made to foot the bill.

If this "freezing out" process was puerile in conception, the excuse given for the failure of the experiment in the vessel sent North for the purpose of testing the value of the discovery, was even more child-like; namely, that the experiment would have proved a *grand* success if the contagia of yellow fever had not found some rotten wood in the vessel and hid itself in this wood. Now, I was taught to believe the decay of vegetable matter to be a sort of "slow combustion." If

this is true, it ought to prove a destroyer of contagia rather than a protector of its virus.

The manifold publications of the present day on personal and public hygiene, prove the great and increasing interest of intelligent communities in this important subject of the prevention of disease. This branch of human knowledge, to which the attention of good men has been directed in all ages, is still in its infancy. Grave topics, such as contagion and quarantine, are still discussed, with conflicting arguments often based upon partially ascertained facts, and no absolute conclusion has been arrived at to satisfy all parties.

We have had at times to lament in some of the "brochures" the evidence of insufficient acquaintance with the collateral sciences, and in the arguments used the absence of the vigorous rules of logic.

Some of these essays might, indeed, please the laymen, but would impart little information to the trained professional men.

It is a trite saying that prevention is more important than cure. When a disease is once established, its issue is doubtful and its treatment difficult.

Public hygiene has in charge the removal of the external causes of diseases.

Hitherto it has provided nothing to correct aerial conditions, such as hygrometric, temperature, ozone, electric state, barometrical perturbations, etc., etc. It has failed to elucidate the nature of traveling epidemics and modes to combat their prevalence. To avoid acrid contaminations and influences, its *sole resource* is, when the ability exists, to shift places in quest of more serene air and better localities as do the migratory birds, or at least to seek what may be at hand, shelter from heat, cold and infection. In this instance instinct is as good a teacher as reason.

Much has been said and reiterated about stagnant, impure and corrupt waters, soil saturation, vegetable, animal and mineral impregnation, of potable water, etc., etc., etc. The means recommended have been improved drainage, sewerage, water conduction, percolation, the substitution of cistern in lieu of spring or well water, thorough cultivation of the soil, etc., etc.

In every instance the corrective forces of nature have been ignored. In other words, its perpetual agency to remove impurity by land and by sea. Personal hygiene consists, in brief, in economizing the forces of the system by the maintenance of bodily cleanliness, purity of morals, proper dietetic rules, suitable clothing and the avoidance of all noxious agencies and habits.

"Observe the rule  
Of not too much by temperance thoughts  
In what thou eatest or drinkest."—*Milton*.

Let us turn the attention to preventive medicine as applied to the person in averting any given disease. The list of means which can be so applied is unfortunately limited. As limited as it is, some advantage to future progress may be gained by considering them at this time.

*Sea Scurvy*.—This scourge of the early voyagers gave occasion to the most splendid triumph of preventive medicine on record. The chief credit is due to Capt. Cook, who, in his celebrated circumnavi-

gation of 3 years duration, preserved the health of his entire crew of 118 men from this disease by proper regimental treatment. But one man died and he of phthisis.

*Vaccination* discovered by the immortal Jenner and still further utilized by Payne. By this great discovery, the saving of life and of disfigurement and suffering to the human family, is too immense to be estimated by figures. Millions upon millions of the human race yet unborn will reap its benefits.

*Alcohol* as a good preventive of diphtheria. The value of this discovery appears about to be realized.

*Carbonate of Ammonia*, hartshorn, as an antidote to the bite of the rattlesnake (*Crotalus horridus*). This remedy will be found a perfect antidote to all poisonous bites and stings of all reptiles, etc., etc., whose poison is quick and prostrating in its effects upon the system of the mammalia in contra-distinction to rabies canina, the poison of which is *very* slow in its effects upon the mammalian system, and the antidote to which, when found, will prove to be, in the opinion of the writer, a depressant and acid poison. The discovery of the hartshorn being an antidote to the bite of the rattlesnake was made in 1852, by the writer.

*Belladonna*.—At times evidently preventive of scarlet fever.

*Carbolic Acid* as preventive of malaria and scarlet fever.

*Sulphite Soda*.—To some extent preventive of scarlet fever.

And here I would take occasion to bear a willing testimony to the great value of a recent paper on the etiology of "Typhoid Fever," from the pen of A. M. Fauntleroy, M.D., of Staunton, Virginia, and of whom it may be truthfully said, "*Tortigit nihil quod non ornavit.*"

The history of the late epidemic on the Mississippi coast, has shown that no notable progress has been made in the etiology or treatment of yellow fever; in fact, we know little more than did the eminent Lining, of South Carolina, in the last century, and, notwithstanding the circular of Surgeon-General Hammond and various new departures, that have been attempted, the therapeutic recommendations of the past generation of physicians still stand the tests of experience. The only real improvement that can be alluded to consists in the appropriation of the benefits derivable from nitrate of silver in black vomit, as these benefits were first made known to the world in gastritis by our friend, the lamented Gillespie, of Louisa county, Virginia.

*Public Baths*.—Hot baths, cold baths and medicated baths. The occasional use of the hot bath is a valuable preventive as well as auxiliary to cure in the treatment of diseases of the skin. The cold bath is, where regularly used and when not contra-indicated by being disagreeable to the feelings of the patient, a valuable tonic to the general system and very beneficial in the prevention and cure of dyspepsia. The Turkish bath, as well as any other medicated baths, is useful in certain diseased conditions of the system.

*Shade Trees*.—Are valuable as a prevention of "coup de soliel" or sunstroke. This valuable preventive is, I am happy to say, receiving more attention than formerly, especially is this the case in our Southern cities. It should receive great attention wherever the sun shines and brick and mortar are used for building purposes.

*Mineral Springs*—*Aperient, Diuretic, Tonic, Alterative*.—Of great



preventive and curative value in a vast number of diseases, particularly so in those diseases incident to females.

*Eucalyptus Tree as a Preventive of Intermittent Fever.*—Experiments should be repeated with this tree before any correct judgment can be found as to its relative value in destroying malaria.

*Common Pine Tree as a Preventive of Intermittents.*—Its concrete juice is a valuable diuretic remedy.

[TO BE CONTINUED.]

### SOME REMARKS ON CHLOROFORM.

BY A. HAZLEWOOD, M. D.

Without desiring to disparage the value of sulphuric ether as an anæsthetic agent, or to enter the arena as a controversialist, I think a few words will not be amiss in confirmation of the already large volume of testimony favorable to chloroform, as the anæsthetic *par excellence*. The boon of anæsthesia is too great a relief to suffering humanity to have any opposition among medical practitioners, no matter to which of the many claimants the supremacy as its discoverer is due. I believe no one contests the claim of Sir J. Y. Simpson as the discoverer and introducer of chloroform, as *the* anæsthetic for all serious operations. It is unnecessary here to enter into the details of its introduction to the profession; the curious in such matters will find interesting and entertaining reading concerning this part of the subject in the works published by Sir J. Y. Simpson. In these days much controversy has been and is indulged in concerning the relative merits of sulphuric ether and chloroform as anæsthetic agents; and that the interest in the matter is considerable, is evidenced by the second edition of Dr. Turnbull's manual being so soon called for. That Dr T. has striven to give a candid and unbiased opinion in the matter, I do not doubt; nor am I prepared yet to state dogmatically, that I disagree with his conclusions, viz., that ether is the safer anæsthetic of the two. But I do think that the evident and disagreeable objections to ether, so well recognized and understood by Dr. Simpson, which were the incentive to induce him to undertake the experiments culminating in the discovery of chloroform, have not lessened or been overcome to this day. The objections are, briefly:

The large quantity required to produce anæsthesia.

Its tardy and frequently incomplete action; in other words, its unreliability.

The prolonged and often distressing stage of excitement preceding full anæsthesia, entailing much loss of valuable time.

The very disagreeable sensations experienced by the person taking ether.

The expense from requiring so large a quantity.

The unpleasant perfume or odor, and the pertinacity with which, said odor clings to the clothing of every one present when administered, and is also exhaled subsequently from the lungs of the patient.

The persistent nausea induced, often continuing days after administration.

Its bulkiness and the necessity for a special inhaler.

Its inflammability, its specific gravity being but .720; boiling point under a pressure of 30 inches, 98° Fah.

These are weighty objections, requiring many precautions to lessen or avoid, without, as I consider, any counterbalancing advantages over chloroform, which is at the same time free from all these objections. But the main point is yet to be considered, viz., the safety to the individual inhaling.

The state or condition known as anæsthesia is not a natural one; it is induced by several agents, cold, alcohol and several other substances, among which chloroform and sulphuric ether are most widely known and used, when the anæsthetic condition is required to be produced artificially.

As, therefore, we have a pathological condition, produced by our own volition, we are in duty bound to use the best agent, and with the best accessories known, to insure, as far as practicable, the best results to our patients.

Which shall we use, then, is the question, when it is desirable to produce artificial anæsthesia, chloroform or sulphuric ether? I prefer chloroform mostly, always with children, and for the majority of purposes with adults also. Why do I do so? Chloroform is agreeable in its odor to most persons; requires but a small quantity; has a short stage of delirium preceding anæsthesia; is not inflammable, and requires no special apparatus for its administration; is more manageable and reliable; seldom produces much vomiting when proper care is exercised in preparing patient; and I think is equally safe in the hands of a competent administrator.

The plea made for sulphuric ether as the safer of the two is, that fewer deaths follow its administration than happens with chloroform. This and this alone. Supposing this statement to be true, does it follow that the chloroform is at fault? Are any of us prepared to give up morphia as a therapeutic agent, simply because more persons die from its abuse or ignorant use than from paregoric? Or are we ready to discard the obstetric forceps, because, forsooth, some ignoramus has so abused his office as to irremediably destroy some poor suffering woman? Will you not answer at once, no! but insist on a greater amount of experience and knowledge in the use of such potent remedies for good or ill.

How often is this requisition ignored? How many of the deaths attributed to chloroform can be justly laid to ignorance or carelessness, or to the impurity of the drug used?

My belief is, *very many*. Do I err when I affirm that in many operations the task of giving chloroform or ether is intrusted either to a non-professional or to a tyro in the ranks? The remark is made that any one can give the anæsthetic, but the efficient help is required to assist the operator. And when efficient help is scarce, how can it be otherwise?

The careful practitioner hardly dares give veratrum or hydrocyanic acid without careful personal watching, and yet it is not unusual to alter the condition of existence by permitting a deadly poison to be inhaled, without equally careful supervision.

I claim that the physician, administering an anæsthetic, has an

equally responsible position with the surgeon performing the operation. On his coolness, adroitness and knowledge depends largely the success of the operation. When the anæsthetic is in competent hands the surgeon has less anxiety, his mind is free to be exclusively engaged with his special manipulations. On the contrary, when he has the further anxiety of how the anæsthetic is at work, his mind is apt to be confused, the operation prolonged, and the operation more unsatisfactory. The physician assigned the duty of administering the anæsthetic must ignore all else; his attention is needed absolutely and without intermission to regulating and observing its action. Yet, how often is it otherwise. The patient's face is covered with a towel saturated with chloroform, his breathing stertorous, helpless to avert danger, and all those who have him under their charge entirely engrossed in the steps of the operation! No wonder death occurs, but I do not blame the chloroform. The only wonder is that there are so few deaths under such circumstances. Chloroform can be, and is frequently, used for several hours at a time, so that the patient is entirely helpless, is truly anæsthetized, and yet neither stertorous nor irregular breathing nor disturbance of the heart's action is produced. In the very large majority of cases it can always be so. The idiosyncrasy that cannot tolerate chloroform I believe to be very rare.

Heavy stertor is evidence of too much interference with the respiratory function being produced, and is a condition beyond the anæsthesia required for painless operations. The instructions of Dr. T. Hughes, as given in the London *Lancet*, are concise and to the point. He writes: "If I were about to be placed under the influence of chloroform, I would say, never mind my pulse, never mind my heart; leave my pupil to itself; keep your eye on my breathing; and, if it becomes embarrassed to any extent, take an artery forceps and pull my tongue well out." It is claimed that the late Mr. Syme faithfully observed this rule and never lost a case although he had administered chloroform 5,000 times. I do not claim so extended an experience, although I have given it many times during the past 20 years, and I, also, have never seen a fatal case from its use. Chisholm claims to have administered it at least once a day for many years, and during 25 years given it 6,000 times, and has never seen a fatal case. He further says: "I have accepted Syme's axiom, and given chloroform to every one, regardless of visceral complications, who has applied to me for a serious surgical operation, and I have yet to see the first death, either in my own practice or that of my friends."

Of the many deaths ascribed to chloroform, 370 in all so far reported, a careful sifting would undoubtedly very largely diminish the number properly to be attributed to this drug. The proportion of deaths to inhalations is estimated as 1 to 20,000. Even if this number be correct, which I much doubt, the percentage is very small, smaller, indeed, than opium has to be charged with; and when we strike out those cases in which vomiting has lodged pieces of food in the larynx, or where the system has been overcharged with the vapor, the cases showing an idiosyncrasy will be found reduced to a very small number indeed. If the list of deaths ascribed to chloroform published in Dr. Turnbull's manual be examined, a very large number will be found where no autopsy was made, especially of the larynx;

nor history given of the method of administration. Under such circumstances, it is unfair to charge the chloroform itself with the death unless the possibility of careless administration, or closure of the larynx from vomited matter, has been excluded.

The points, then, in my argument are briefly:

That as an anæsthetic, chloroform has, undoubtedly, many advantages over sulphuric ether.

That in the hands of a competent administrator it is equally safe with sulphuric ether.

That an anæsthetic, when given, should be under the charge of a competent physician or expert; that he should be responsible for that department, as much so as the surgeon operating is in his sphere; and paid a fee therefor commensurate with his ability and time occupied. And to those who may be called upon to perform this duty, I would emphasize the instructions of those writers and experts who have made a study of anæsthesia, to-wit: Quietness in room, and silence of the bystanders; a stomach not too long empty, about four hours since an ordinary meal preferred; loose clothing; recumbent posture (the position on stomach is sometimes dangerous from interference with movements of respiration; sitting up is even worse, tending to produce anæmia of the brain and syncope). The patient should swallow a small quantity of good distilled liquor before commencing the inhalation.

The inhalation should be at first a large admixture of atmospheric air and gradually increased as the system becomes accustomed, until anæsthesia is perfect, when its further use must be governed by the special circumstances of the case.

The nitrite of amyl and ammonia should be on hand to counteract any bad tendency that may arise. The caution cannot be too often emphasized, never give an anæsthetic to ladies without a third party being present; nor to expect so pleasant an action when actions upon the genitals or toes are to be made.—*Detroit Lancet*.

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### ON SOME POINTS IN THE THERAPY OF CHLORAL HYDRATE.

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BY J. W. HICKMAN, M.D., DELTA, PA.

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My object, in these notes, will be not so much to present new matter in the therapeutics of chloral as to give a bird's-eye view of the present state of our knowledge, as recorded in the literature of our day and as verified in my own experience.

Although known to the chemical world since 1832, chloral was not recognized to possess therapeutic worth until in May, 1869, when Oscar Liebreich, of Prussia, announced that important truth, attested by a well-executed set of experiments.

So far very little of our knowledge of the uses of chloral has been derived from its physiological action; scientific therapeutics has added but a trifling quota to the fund of ascertained facts relative to its practical application in disease. Notwithstanding this, however, we know a great deal of its correct use and much of those conditions contrain-

dicating its administration. For instance, no practitioner who keeps apace with the progress of the day would, for a moment, think of exhibiting chloral where either the respiration or circulation were seriously compromised. It would be absolutely criminal to give it in advanced (or recent, either, for that matter) disease of the lungs where the right heart is being continually overtaxed. Nor would he be less guilty who would think of giving chloral in the sleeplessness of valvular disease of the heart. Yet it has been but a few weeks since I knew a practitioner of a neighboring city to suggest the use of this very drug in precisely such a case as the last-named, with a severe dyspnoea superadded. At this point I must relate a most instructive case recorded by Fothergill: "A patient was taken into the West London Hospital, with emphysema and aortic stenosis. In spite of rest, digitalis, and ammonia, he was liable to attacks of dyspnoea, which had come on *since* his admission into hospital. On searching for an explanation, it was found that the house-surgeon had benevolently prescribed chloral for the sleeplessness complained of. This was at once stopped, and the attacks of dyspnoea never returned, though the man gradually sank." After the principle enunciated above, it seems idle to remark that a fatty heart would not, certainly, brook even a medium dose of chloral; in such cases paralysis of the heart has occurred before the involvement of the lower centres of the brain. J. Crichton Browne has made a curious observation, and one of no small practical importance. He has ascertained that chloral exerts an effect proportional to cerebral development; that it must be administered most cautiously to the most intellectual. The fact is further borne out in that it takes a larger than ordinary dose of chloral to induce its physiological effects in macrocephalic idiots. I have seen this latter point abundantly evidenced. This may, perhaps, go to explain some instances of death occurring from a moderate dose—fifteen to twenty-five grains. Again, the matter of bodily temperature should have much to do in determining the proper dose of chloral, for serious symptoms, and even death, have occurred from undue neglect of this consideration. Even so apparently trivial a point as the temperature of the patient's room should be taken into account; for we must remember that the tendency of this agent, besides slowing the action of the heart, is to dilate the peripheral vessels, and thus to increase the heat-losing area of the body. Thus we see that great circumspection should be used in prescribing a remedy of such varying potency as chloral. This care should be taken, not only to avoid death, but that we may derive the most satisfactory and beneficial results from its use.

Standing forth most prominently in the therapeutics of chloral is its value as a sleep-producing agent. The late Prof. Biddle says: "It is a most reliable hypnotic, second only in this particular to opium." Now, from the view of this eminent teacher, the writer feels in duty bound to dissent. It should be recognized as an undisputed fact that there is no soporific agent at all comparable to chloral. Varied in dose, according to rules above laid down, it least frequently disappoints the expectations of the practitioner. It does not induce the swimmy, broken sleep of opium, but quiet, dreamless, and refreshing slumber, strikingly resembling that of health. The patient may be awakened with a confidence that he will at once relapse into forgetfulness. Nor

is it, like opium, followed by disagreeable sequences, either cerebral or gastric. On the contrary, so far as the stomach is concerned, digestion is not unfrequently stimulated by its use. It will not, however, exert the slightest soporific influence in painful conditions of the system—it possesses no anodyne properties whatever. When the object is to lull pain and induce sleep, about one-fourth of a grain of morphia sulph. with ten grains of hydrate of chloral will be found a most valuable combination.

Then, too, in conditions of the system where the patient is *too weak to sleep*, anodynes will be found to aggravate rather than secure rest; while in chloral, perhaps, with the bromides given with a little light wine or champagne, we have the most efficient means at our command.

In the sleeplessness due to excessive mental work, chloral exercises a peculiarly happy influence, as the writer has fully verified in his own case while yet a student. When pushed almost to the extreme of nervous and mental exhaustion from this cause, chloral would induce a night of refreshing sleep with an entire renewal of the jaded energies.

Chloral is one of the agents that has seemed to be of service in tetanus. Macnamara lays great stress upon its value, and announces that of twenty cases in India, all traumatic, seventeen recovered by the use of chloral. In large doses it is, perhaps, as effective as any drug we possess. Prof. Gross very accurately expresses the truth, however, when, in summing up the internal treatment of tetanus, he says: "All drugs are, in fact, equally of apocryphal virtue."

In the management of sea-sickness no agent has given such satisfactory results as chloral. The usual dose of about twenty grains is to be given every three or four hours, the patient observing the recumbent posture and taking nourishment in some shape or other.

Bartholow bears personal testimony that there is no remedy now known so efficient in cholera as chloral hypodermically used. The same treatment is also peculiarly effective in cholera morbus. In both conditions the remedy is enhanced in value when combined with a little morphia, as follows: R. Chloral hydratis,  $\bar{z}$  iij.; morph. sulph., gr. iv.; aqua laurocerasi,  $\bar{z}$  i. Misce. Sig. From fifteen to thirty minims hypodermically. This injection produces considerable burning pain, and sometimes an indurated lump, but is rarely, if ever, followed by suppuration.

In an extract in The Practitioner for October, 1879, Dr. Curci states that chloral is a most valuable remedy in dysentery. It may be given either by mouth or rectum. When given by the mouth it was found advantageous to anticipate its use by a slight purgative. He is very emphatic in his praise of the remedy, and, judging from its effects upon like lesions on the exterior of the body, together with its ascertained systematic effects, I would strongly advise that the profession give it a trial.

Again, Dr. J. H. Scorff reports four cases where he was successful in removing the vomiting of pregnancy by rectal injections of twenty grains, night and morning. He only found it necessary, in the cases recorded, to administer the remedy three or four times. This also merits remembrance and repetition at our hands.

Chloral is the remedy *par excellence* in the ravings of delirium tre-

mens. Like other drugs, it sometimes deceives us, but in general will be found reliable. Care must be taken in old debauchees that the dose given be not excessive; especially must we be circumspect where there is reason to believe the circulatory system has undergone degeneration of tissue, or rest may be induced which knows no reaction.

Chloral will also be found highly serviceable in certain other conditions of the system attended with delirium and insomnia combined.

It has been recommended and used in puerperal convulsions; but in my opinion is to be absolutely and radically condemned as a *sole remedy*. Too often already has it lulled the physician and friends of the patient into a deceitful security to be trusted further. If there is a truth in the whole domain of medicine, the lancet boldly used is the one and only reliable agent in this condition.

On the contrary, infantile convulsions may frequently be suspended by the discreet use of chloral.

Attacks of laryngismus stridulus are speedily broken up by timely doses of chloral.

Its use has been urged in whooping-cough, but its value is extremely questionable.

Exceptionally good results are obtained in inflammatory and febrile conditions when attended by delirium and wakefulness, with a high temperature. Recently, in a case of typho-malarial fever treated by the writer, chloral was found to control, in a most happy manner, the busy, exhausting delirium attendant thereon. It was administered by enema, and the sleep induced constituted the turning-point in the case.

—*Medical Record.*

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#### FOUR GYNECOLOGICAL FACTS NOT USUALLY MENTIONED IN TEXT-BOOKS.

BY O. E. HERRICK, M.D.

(a) *How to Make a Vaginal Examination.*—We often hear physicians tell of difficulty in reaching the os in making digital examinations, and indeed there is often difficulty in doing so, with the patient on her back, or side, with her face towards the operator; especially if the person making the examination has short fingers. That difficulty is easily overcome if the patient is placed upon her side, (either right or left) with one or both knees drawn up, while the operator sits behind her and makes the examination from behind. In this position the os is easily accessible, and can be reached in from  $2\frac{1}{2}$  to 3 inches from the vulva.

(b) *How to Make an Ocular Inspection of the Os Uteri Without a Speculum.*—Put the patient in Sims' position, and with the two front fingers of the right hand retract the posterior vaginal walls exactly as with a Sims' speculum, when a good view of the os can be obtained; oftentimes one wishes to make a specular examination when he does not have his speculum with him; under such circumstances the fingers will many times answer every purpose; the air enters the vagina and distends it just the same as when a Sims' speculum is used. In this way the posterior wall of the vagina is retracted somewhat, which

brings the os uteri considerably nearer the vulva than it otherwise would be, and if the posterior wall was *not* retracted, it would still be more accessible from behind; this is easily seen when one remembers that the direction of the vagina is *upward* and *backward*. With a woman upon her back, her os uteri is more inaccessible than in any other position she could get into, and yet that is the position almost always chosen for both digital and ocular examinations. Many men who have practiced medicine thirty or forty years still put their patients upon their backs to examine them; indeed I do not remember to have seen over three or four men who are in the habit of practicing the other method. Whoever tries this way will never return to the other. Students are almost invariably taught to place patients upon their backs, or sides, and make examinations from the front, and not one in a dozen *ever reaches the os* until after they have been long in practice. They should be taught to make it the other way, and then they would know what it was like before they got into practice, and would immediately recognize it by the touch.

(c) *Passing of the Female Catheter*.—When from any cause it becomes necessary to pass the female catheter, much delicacy as well as skill and patience is required, and if possible, ocular inspection should be avoided, and the instrument introduced by touch alone, under the dress or bed-clothes. The accomplishment of the above fact is well nigh impossible at times, even to the most experienced, while the young doctor in his first attempt is almost sure to get in a perspiration before he experiences the gratification of feeling the instrument slip into the patient's urethra. All this trouble comes from following the universal direction, which directs that the finger be moved in the mesial line until it touches the urethral orifice, which will be felt as a slight surrounding elevation, with a center depression. The direction would be well enough, but for the trouble in *finding* said "slight elevation with center depression," without the aid of the eyes. Now a plan much easier than the above, is to introduce the finger into the vagina, upon the anterior wall of which will be felt a small but distinct ridge, the urethra; and by moving downwards upon that ridge with the finger the orifice is easily reached and the catheter directly introduced. Any one, whether experienced or otherwise, by following the above directions, can accomplish the operation without either trouble or waste of time.

(d) *Introduction of Pessaries*.—This operation is almost always performed with the patient upon her back, and the failure of many pessaries in the hands of operators is not so much the fault of the instrument, as of the person applying it. With a woman upon her back it requires not a little knack to properly adjust a support or pessary without inflicting upon the patient unnecessary pain, as the weight of the uterus in that position makes it naturally gravitate towards the back, and it must be lifted up before a pessary can be placed; no easy matter in such a position, and often imperfectly accomplished, to the *patient's cost*.

Now the adjusting of a pessary or supporter of any kind should always be done with the patient in *Sims' position* upon her side with *knees drawn up*, or in the *knee-breast* position; for the reason that the uterus is most accessible in these positions, and that the air being admitted



by the retraction of the posterior vaginal wall, and perineum, distends the vagina, and keeps the uterus in the normal position by the air pressure while the instrument is being placed. One thing more should always be kept in mind when choosing or placing a pessary or supporter, *i. e.*, that none of the uterine ligaments exert a particle of influence in preventing sinking down of the uterus into the pelvis; the uterus may even protrude at the vulva, and yet none of its ligaments be upon the stretch. The only support to that *organ upward is the vagina*, and the retentive power of the abdominal cavity—that power perhaps furnished by the influence of respiration upon the diaphragm, which operates as a tight valve to the abdominal cavity. The only office of the uterine ligaments is to prevent that organ from tipping over; they act exactly like the guy ropes in hoisting a liberty pole—who for a moment would contend that *they* would prevent the pole from sinking down endways if there was no resistance offered by the ground?

—*Medical Summary.*

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### NEUROTOMY OPTICO-CILIARIS—A NEW OPERATION IN OPHTHALMIC SURGERY.

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BY C. J. LUNDY, M.D.,

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Within the past year we have occasionally heard something, on this side of the Atlantic, of a new operation for the relief of sympathetic eye troubles—an operation which, in many cases, it would be desirable to substitute for enucleation. That this operation has been but little practiced here, may be judged from the fact that, as yet, none of our special journals contain anything on the subject, and, so far as I am aware, Dr. Chisolm, of Baltimore, is the only one in this country who has written anything concerning it.

Any means which will enable us to avoid the mutilation of a patient (and the removal of a good-looking eye is a mutilation), and which will at the same time afford him immunity from sympathetic mischief in the fellow eye, deserves and should receive a fair trial.

Many times it is desirable to remove an eye for the cosmetic effect alone, and in such cases the operation of neurotomy optico-ciliaris is not indicated. There are many instances, however, in which an eye presents a good external appearance, but at the same time its presence is a source of danger to its fellow, and in such cases the section of the optic and ciliary nerves may and should be substituted for enucleation.

The operation which I am about to describe is, so far as I am aware, the first of the kind which has been performed in this part of the country, and I trust the description, with the notes of a case, may prove of interest.

Theresa Labadie, aged 20, came to consult me on Oct. 20th, and gave the following history:

Nearly two years ago an ulcer formed upon the left cornea, which perforated that tunic, permitting escape of the aqueous humor and prolapse of the iris. From that time till the present she has had more or less irritation, pain and inflammation in the eye, and occasionally an out-

break of a severe character. Marked ciliary injection, slight pain, reduced ocular tension and ciliary tenderness are present, and indicate the existence of a chronic irido-cyclitis. Almost the entire pupillary margin is attached to the cornea at the site of the former ulcer, and the eye has only perception of light. For several months she has suffered from sympathetic irritation of the fellow eye, but for the past two months the sympathetic trouble has been of a more aggravated character. For nearly two weeks the right eye has given her so much trouble she fears total blindness.

Upon examining the right eye, a small ulcer of the cornea is observed, which makes it impossible to determine how much of the trouble is due to sympathetic irritation. Under treatment the ulcer healed kindly in about one week. At the end of the second week there was still present irritation in the right eye, and I advised an operation as the only sure means of getting rid of the trouble and insuring the safety of the fellow eye. About ten days later, or more than three weeks after first consultation, she obtained permission to have an operation performed. In the meantime the irritation in the right eye had become more severe, and while she rejected enucleation she was willing to submit to any other operation which would save her "from blindness."

On November 13th, the patient being under chloroform, I operated as follows:

An incision was made through the conjunctiva and subconjunctival tissue one-eighth of an inch from the sclero-corneal junction and over the insertion of the internal rectus muscle. With a strabismus hook the muscle was caught up and a silk thread was passed through it in order to keep the muscle within easy reach after its division. The tendon was now divided within a line of its ocular attachment, and the conjunctiva was freely dissected up from the sclerotic with the scissors. The ocular end of the tendon was now seized with the forceps, in the hands of an assistant, and the eyeball was rotated forcibly outward towards the temple, by which means the optic nerve, ciliary nerves and vessels were brought well to the nasal side. A long, well-curved enucleation scissors was then introduced close to the eyeball, and carried around to its posterior pole, and the optic nerve and ciliary nerves and blood vessels, which enter the eye at the back, were entirely and completely severed. Immediately after section of the nerves and blood vessels the eye budged forward nearly out of the orbit, and a free escape of blood followed the withdrawal of the scissors. The flow of blood was much increased by the straining of the patient while vomiting. The eye was now turned back into place, the cut ends of the internal rectus tendon were stitched firmly together, a compress bandage was firmly applied, and frequent applications of cold water were ordered.

A marked degree of exophthalmos was present, and, to say the least the cosmetic effect was not very imposing. After recovery from the chloroform, she complained of much pain, and morphine, in  $\frac{1}{4}$  grain doses, was ordered. Visiting the patient five hours later, I found her suffering considerable pain and complaining much of nausea. Changed the dressing and used dry lint and compress bandage, and ordered morphine, q. s., to relieve pain. Next day she was much easier, but not entirely free from pain. Lids and conjunctiva considerably swol-

len, and under-lid echymosed. Exophthalmos not diminished.

November 15th (second day after operation), she is quite free from pain, and slept well during the past night. Chemosis increased, and discoloration extending down upon the cheek, which is somewhat swollen.

November 16th, condition much the same. Some secretion of a muco-purulent character. Ordered greased cloth with slight compress and allowed her the use of the right eye, which has been tied up since operation.

November 17th, ciliary injection of right eye has disappeared, and bright light no longer causes any trouble. No pain in either eye. Chemosis still very great, particularly about the sutures, which evidently cause much irritation.

November 20th, removed sutures from internal rectus. Chemosis and exophthalmos much reduced; echymosis and swelling of underlid and cheek much diminished; motions of the eye tolerably good in all directions; slight diverging squint, probably due to swelling at inner angle of the eye; no pain in either eye.

November 24th, patient came to my office for the first time since the operation. The swelling of the conjunctiva and the exophthalmos are fast disappearing, and motions of the eye are natural in all respects. Instillations of eserine sulphate were begun, with a view of hastening the removal of conjunctival swelling and promoting absorption of the extravasated blood through its action on the vessels. From this date improvement went on steadily, the eye continuing free from pain, and the right remaining perfectly free from all irritation.

December 6th, exophthalmos and swelling of conjunctiva have entirely disappeared, the eye is quite straight, and, save some conjunctival hyperæmia, nothing remains to indicate that any operation had been performed.

The operation has been a complete success, inasmuch as it has fully met the indications for its performance, and leaves the patient free from the dangers which threatened her with total blindness.

Time will enable us to judge more fully and correctly of the merits of this operation, for there is a possibility that the ends of the divided ciliary nerves may unite again, thereby establishing a sympathetic connection which might expose the patient to the dangers which threatened her previous to the operation. This union has occurred after section of other nerves, but on account of the pressing apart, and more or less bruising and turning aside of the ends of the nerves by the large blood clot, which must have formed at the time of operation, it is not probable that direct union of the nerves will ever become established.

By substituting this operation for enucleation, a good-looking eye may often be saved, and the patient may be relieved of the annoyance, trouble and expense of an artificial eye, which, however good it may be, will prove a poor substitute for a natural-looking one, capable of motion in unison with its fellow.—*Mich. Med. News.*

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WHEN a death occurs in Fiji, it has to be registered; and the native scribes not unfrequently fill the blank left for "cause of death" with the words "medicine supplied by the missionaries."

## ABSTRACTS AND GLEANINGS.

**Gun-Shot Wound of Uterus—Bullet Traversing Six Months' Fœtus—Recovery of Patient in Four Weeks.**—We extract the following from a case reported by Geo. A. B. Hays, M.D., in the New Orleans Medical and Surgical Journal :

The ball (one from the same cartridge box weighed 136 grains) had penetrated the abdominal cavity at the left side, about two inches diagonally in front and above the anterior superior spinous process of the ileum, ranging upwards—confirming the statement that it had first struck the ground, the shot having been fired from on horseback—and had lodged within the abdominal cavity.

There had been but very little hemorrhage externally at the first, and I found a portion of omentum an inch in length protruding from the wound, completely plugging it. The woman had not menstruated since December, and stated that she was six months advanced in pregnancy. It was evident the abdominal wall was cut through, and furthermore, if the projectile had sufficient velocity at the moment of impact, the uterus and contents would be involved in the injury, but the distance from which the shot was fired, and the fact of the ball first striking the ground, prevented a positive diagnosis at the moment, probing of course being inadmissible. I reduced the protruded omentum and turned the woman upon her left side, in order to allow drainage in the event of internal hemorrhage or effused liquor amnii in the abdominal cavity. Prescribed full doses of sulph. morphia, and ordered large, warm linseed poultices, abundantly saturated with laud anum, to be constantly applied to the abdomen.

June 21st. Visited the patient at 10 a. m. She had well marked labor pains which had begun to come on about sunrise, as stated by the nurse. She had rested badly all night—scarcely slept at all. Entire abdomen extremely tender and distended. Could not bear light percussion. During a pain would by an effort of will control and arrest the contraction of the abdominal muscles, thereby throwing all the work upon the uterus. Shortly after 11 a. m., the contractions being stimulated by fluid extract ergot, the fœtus, placenta and membranes were expelled simultaneously with a very slight gush of waters when the membranes were ruptured. Some coagula escaped with the fœtus. After delivery the uterus contracted beautifully, not more than two ounces of blood being lost. Administered alcoholic stimulants and beef-tea, the patient being very much exhausted. Continued the poultices and fastened the bandage over them. Examined the fœtus for the pistol ball and found it had penetrated beneath the left scapula, ranged diagonally through the trunk a distance of about three inches, and made exit in the right hip. Careful search could not find the ball either in the placenta or among the coagula, and I was forced to the conclusion that it had entirely traversed the uterus, and as it could not be felt externally on the right side, that its course had been arrested just as it attained the inner surface of the abdominal parietes on that side. The child was a female, ten inches in length, well developed,

nails formed, eyelids adherent. Evidently a six or six-and-a-half months foetus.

Puerperal fever set in, accompanied by peritonitis. Opium, quinine and calomel were the remedial agents principally relied upon, and the poultices before mentioned were continued until recovery. Laxative enemias were sometimes resorted to. For the first few days of her illness I had no expectation of her recovery, and in fact more than once carried with me on my visit the necessary instruments to make an autopsy, expecting to find her moribund. In my treatment I was actuated greatly by the motto *Dum anima est, spes est*, and placed a deal of reliance upon the *vis medicatrix naturæ*.

From the 27th of June, her general condition underwent a change for the better and she steadily continued to improve. The opium, quinine and calomel were persisted in until her gums became touched, when the latter was discontinued, and a solution of chlorate of potash used as a mouth-wash. A strong camphor ointment relieved the inflamed breasts. She had very little lochial discharge, it lasting only two or three days. There was no drainage from the external wound at all, and it was closed with a strip of plaster and subsequently, when it suppurated a little, dressed with oxide of zinc ointment.

July 17th, she began menstruating with but little pain or discomfort; she ceased on the 19th, and the following day, July 20th, just one month from the date of the injury, she was dismissed well. It is proper to state here that the manager of the plantation kept an experienced nurse at the bedside day and night, and kept the patient supplied with everything necessary for her welfare, which undoubtedly contributed very greatly towards her recovery. She is now, August 9th, walking about, feels well, sleeps well, has the appetite of a tramp, and suffers no inconvenience from the presence of the ball in her internal economy.

It would be interesting to know exactly by what physiological process the liquor amnii that escaped into the cavity of the abdomen became so readily absorbed, while the entire cavity was in such an altered and abnormal condition.

**External Urethrotomy by Wheelhouse's Method.**—An external examination of the perinæum revealed the position of the stricture. A scar of an abscess remained, and there was a thick fibrous cord running in the course of the urethra for about an inch. An exploration of the canal corroborated this. I then endeavored to reach the bladder through the stricture, and after a tedious but careful trial I failed. On this occasion, and on several others, I used a great variety of instruments, including caoutchouc and whalebone filiform bougies, which had served me well in other difficulties, but I could not find the narrow opening, and, on consultation with my colleagues, I determined to divide the stricture from the perinæum. In the *Dublin Journal of Medical Science* for December, 1876, p. 489, in my Half-yearly Report on Surgery, I had drawn attention to an operation devised for such cases by Mr. Wheelhouse, the distinguished surgeon, of Leeds. He had had much testimony in its favor, and I thought the proceeding so hopeful, and had seen such good results from it in a case subsequently operated on by Mr. Thornley Stoker, that I deter-

mined to adopt it. The details of the operation, as given by the author, are to be found in the *British Medical Journal*, 1869-70, and June 24th, 1876, and in part of this Journal, as mentioned.

The instruments required are—a special staff, an ordinary scalpel, two pairs of straight-bladed forceps, nibbed at the points, a well-grooved probe-pointed director, Teale's probe gorget, a straight probe-pointed bistoury, and a short silver catheter with elastic tube attached.

The patient, who suffered much from occasional rigors, was prepared for the operation by a course of tonic treatment, in which quinine was predominant. Having been brought into the theatre, he was placed in the lithotomy position, and secured as for that operation. I now introduced the staff of Mr. Wheelhouse. This staff is grooved upon one side to within half an inch of the end, and the extremity is a button-like hook, which projects very slightly on the opposite side. The instrument was introduced with the groove towards the perinæal surface, and was pressed firmly but gently against the stricture. It could be easily felt through the soft parts, and a few incisions only were necessary to reach the urethra. Then I passed the point of the knife into the groove, dividing the healthy part of the canal for about an inch. Care must be taken that the incision is made in the groove only, and not upon the point, "so as certainly to secure a quarter of an inch of healthy tube immediately in front of the stricture." This having been done, the edges of the urethral flaps were seized by forceps and held aside. The next step was to change the position of the staff. It was slowly withdrawn, until its extremity appeared through the wound. It was then turned completely round, so that the button-like hook looked towards me, and the groove towards the pubes. Continuing the withdrawal, the "hook" caught in the upper edge of the wound, in the urethra. Thus the parts were held open at three points.

We were now face to face with the stricture, looking from healthy to diseased urethra. Here began the difficulty of the operation, for I had to find the opening, which undoubtedly existed. There were no granulations in front of the stricture; but it looked a dense wall, through which we were not likely to find a passage. Taking the director, I made a prolonged search with it for the opening, and I was delighted to find it at last. The instrument was, however, too large, and was passed in with difficulty. By carefully dividing the cicatricial tissue upon it, I succeeded in reaching the bladder, although this proceeding took a good deal of time. Then the director was turned, so that the groove was turned towards the anus. Passing a knife along the groove, the whole stricture was completely divided, and the urine escaped with a gush. The next step was to introduce a catheter—always a great difficulty with perinæal operations. To effect this the probe point of Teale's gorget was introduced into the groove of the director and gently pushed along this into the bladder. The director was then removed, and we had an unyielding channel along which we could pass a catheter. A gum-elastic instrument was introduced through the meatus, and reaching the gorget, was conducted by it into the bladder.

The patient was removed to bed, and the urine was allowed to drain away through an India tube. He quickly rallied from the operation.

His evening temperature was  $99.8^{\circ}$ —the highest range reached—falling next morning to  $98.4^{\circ}$ .

On the fourth day I removed the catheter, and for some days afterwards I passed a silver instrument every morning. The wound gradually closed, and had quite healed in about three weeks. No bad symptoms supervened. The patient's bladder slowly recovered its tone, and he was able to retain water for four hours, when he left the hospital, exactly two months after his admission. He had been up for a month, but I kept him in the hospital in order to observe if there was any tendency of the stricture to return. When the catheter was not used for a week this tendency developed, but when he left the canal easily admitted a No. 12 catheter, and I impressed on him the need of having an instrument passed at short intervals.—*Half-Year Compendium.*

**Permanganate of Potassa in Chronic Otorrhœa.**—In the *Buffalo Medical and Surgical Journal*, August, 1879, Dr. L. Howe records fifty-three individuals thus treated. Several others were noted, which would have been included in the list, but for the fact that the records were not complete, or that the patients were lost sight of before any definite conclusions could be arrived at.

The ages of the patients ranged from two to forty-four years, and the disease had lasted, with greater or less variation, from three weeks to twenty-two years. In several instances where the otorrhœa followed a primary acute otitis media purulenta, it was not easy to say when the discharge had passed into a condition to deserve the term "chronic." I have, therefore, excluded all cases in which the disease has not lasted at least three weeks, or which have still presented those symptoms of pain, etc., which would entitle them to the term "acute."

Concerning the etiology of these cases, there was about the same variety that one would expect in a series chosen at random. Scarlatina furnished its usually large quota of almost half—more exactly, twenty-one. Seven followed primary acute otorrhœa. Two resulted from measles, and a number were dependent upon causes which it was impossible to ascertain.

The principal treatment prescribed in all of these, was the use of a solution of permanganate of potassa in water. In the milder cases two grains to the ounce was found to be sufficient, but if more severe, or of very long duration, the strength was increased to four, six or even eight grains to the ounce.

The patient was simply instructed to syringe out any accumulated secretion with tepid water, and then pour a few drops of the fluid into the ear. This was allowed to remain five or ten minutes, if it produced no smarting or burning sensation. If decided inconvenience followed, however, it was washed out sooner. When the discharge was at all abundant, this was repeated twice daily, and if very profuse, of course the ear was kept clean by more frequent washings with water alone. Whenever polypi developed, as was the case in three instances, or any other complications presented, they were treated by the usual methods.

A sufficient time has now elapsed to count, with considerable certainty, on the effects produced; and, as a result, I find: of the fifty-

three cases forty have entirely recovered, in an average time of thirty-eight days. In six the discharge recurs at intervals; in four it is continued, but lessened, as to quantity and the foetid character of the odor; in three it still persists.

Now, comparing this treatment with those methods usually placed foremost in the text books, I find the results are decidedly in its favor. In seven of these cases, nitrate of silver had been used after the manner recommended by Schwartz, and although an improvement was manifest in most of them, the progress was not as rapid as under the use of permanganate of potassa. Moreover, in ten other cases treated with nitrate of silver, the discharge was arrested in six, after an average of fifty-one days; two persisted in the treatment about six months and then disappeared; while concerning two, the record is imperfect. In three of the cases reported, I began by using sulphate of copper, but after an average of six days changed to the permanganate of potassa, and improvement followed quite as rapidly, to say the least, as before. Again, in five other cases treated with sulphate of copper alone, I find, on the average, the discharge continued for sixty-three days. Sulphate of zinc, alum and tannic acid, alcohol, carbolic acid and other remedies have been used in occasional instances, but the record concerning them is not sufficiently definite to warrant any exact statement.—*Half-Year Compendium.*

**Nitrous Oxide Gas.**—The administration of the gas is for its stimulating effects, and taken with a greater or less proportion of air, it produces a species of exhilaration with very little subsequent reaction, the primary excitement being akin to that which commonly follows the use of champagne or any sparkling dry wine. There is a feeling of lightness and buoyancy, the individual becomes loquacious, while the heart's action is increased, and there is a momentary dizziness. The administration of the gas should not produce other effects, for intoxication and anæsthesia imply a step beyond stimulation, and therefore should be avoided. If the fingers grow numb, or if any object upon which the patient fixes his gaze becomes blurred, then should the use of the gas be discontinued.

From the condition of exhilaration described the patient recovers, and for the rest of the day feels decidedly brighter and more active. If he be depressed before the gas is given, or suffers from an attack of "the blues," the effect is much more marked. Patients who have placed themselves under our care, who have at first been dejected, who have worried about their absence from home, or about their children, or business, have in a few days become entirely accustomed to their new surroundings, and have indulged in amusements and pursuits they never were able to enjoy. It virtually takes the place of alcoholic stimulation, without depression, and for this reason we suggest its use in the treatment of alcoholism, especially in the early stages of delirium tremens. As a remedy in insomnia it has no equal, and when *not* given just before bedtime, but in the morning or middle of the day, it, as a rule, procures refreshing sleep, even for those who have relied entirely upon anodynes.

In cases of so-called "spinal irritation," or in cases of "nervous prostration," in women who have no discoverable uterine disease, we



have good reason to think it acts admirably, as it also does in hysteria, or the form of nervous derangement bordering on melancholia. When the circulation is defective, and when there is lividity of the hands, constipation, slow pulse, and rough, scurvy, mud-colored skin, it in a short time greatly better the condition of the patient. It, so far as we have seen, favors the assimilation of food, hastens the action of iron, and increases functional activity. Appetite and sleep, and disposition to take exercise, are all improved.

The remedy has been used much in its compressed or liquid form by quacks, under the names "compound oxygen" or "liquid oxygen," and even in such hands has cured many persons who have gone the rounds of the legitimate profession.

It is not indicated in sthenic affections, or when there is a tendency to cerebral congestion or excitement, but rather for the irritability of exhaustion. It therefore, we have found, increases the trouble in vigorous, full-blooded subjects. The gas should be used well diluted with air, which may be accomplished by opening the valve near the mouth in the instrument provided for the purpose. Daily inhalations of not less than twenty gallons of gas should be used, the amount of air taken as well into the lungs being sufficient to prevent intoxication.

We are now engaged in experiments with nitrous oxide in the treatment of the chronic insane, and will publish our observations at another time. At present we deem it our duty to suggest to the profession the employment of a remedy heretofore used only for surgical purposes, which, in its new method of employment, promises a great deal.—*Medical Record.*

**Belladonna in Obstinate Constipation.**—In a case of typhoid fever recently in the wards, said Dr. Costa in the Mich. Med. News, constipation became so obstinate at the end of the disease, that I found it necessary to do something for it. It did not seem proper to resort to cathartics with the possibility of Peyer's patches being still unhealed. So I was forced to look elsewhere, and hit upon the following expedient. Every night before the patient went to bed he took a tablespoonful of sweet oil, and thrice daily after meals, he was given gtt. j of the fluid extract of belladonna in  $\frac{3}{4}$  i of the compound tincture of cinchona (Huxham's). The effects of this treatment were admirable. In a day or two he had a normal passage every morning. Then, in order to see if this might not be due solely to the sweet oil, I left orders that the oil should be omitted for several nights, but the bowels were still regular. There was no question but that it was largely the belladonna.

**Compressed Nitrous Oxide as an Anæsthetic.**—Foreign journals inform us that M. Paul Bert's new method for producing anæsthesia—nitrous oxide used under pressure—has been introduced into the Paris hospitals. Last month, M. Leon Labbe performed seven surgical operations, of which the duration varied from five to thirty-two minutes, in the movable chamber put up at the Lariboisiere Hospital by Dr. Fontaine, for the surgical and medical employment of compressed air. As in the operations already performed at the medico pneumatic establishment in the Rue Chateaudun by M. Pean, the success of this new anæsthetic method was complete.—*Medical Reporter.*

**How to Apply the Hot Water Vaginal Douche.**—In the Chicago Medical Gazette, Dr. E. C. Dudley says:

The following is designed to impress the importance of strict observance of detail in the application of the douche, since in no other manner will its good effects be realized:

*Ordinary Method of Application.*

I.

Ordinarily the douche is applied with the patient in the sitting posture, so that the injected water cannot fill the vagina and bathe the cervix uteri, but on the contrary, returns along the tube of the syringe as fast as it flows in.

II.

The patient is seldom impressed with the importance of regularity in its administration.

III.

The temperature is ordinarily not specified or heeded.

IV.

Ordinarily the patient abandons its use after a short time.

*Proper Method of Application.*

I.

It should invariably be given with the patient lying on the back, with the shoulders low, the knees drawn up and the hips elevated on a bed pan, so that the outlet of the vagina may be above every part of it. Then the vagina will be kept continually overflowing while the douche is being given.

II.

It should be given at least twice every day, morning and evening, and generally the length of each application should not be less than twenty minutes.

III.

The temperature should be as high as the patient can endure without distress. It may be increased from day to day, from 100° or 105° to 115° or 120° Fahr.

IV.

Its use, in the majority of cases, should be continued for months, at least, and sometimes for two or three years. Perseverance is of prime importance.

The sitting posture is especially objectionable, for another reason: it favors pelvic congestion by force of gravity, while the dorsal position utilizes this force during the application of the douche.

A satisfactory substitute for the bed pan may be made as follows: Place two chairs at the side of an ordinary bed, with space enough between them to admit the lower bucket; place a large pillow at the extreme side of the bed nearest the chairs spread an ordinary rubber sheet over the pillow, so that one end of the sheet may fall into the bucket below, in the form of a trough. The douche may then be given with the patient's hips resting on the pillow and with one foot on each chair; the water will then find its way along the rubber trough into the bucket below.—*Medical and Surgical Reporter.*

**Acute Orchitis.**—Inflammation of the testes is a very distressing affection, whether traumatic or idiopathic in its origin; and any treatment that promises relief is worthy of consideration. The following cases will indicate a treatment that has proved highly satisfactory in my hands.

*Case 1.*—A. C., aged 45, had an attack of venereal urethritis, and attempted to treat himself by using some very strong injection, which he forced down the whole length of the urethra. This was followed by considerable irritation of the neck of the bladder, which kept up a continuous spasmodic action of the sphincter and a frequent desire to urinate all the next day. On the second morning he had severe pains in the left testis, and before night it was considerably swollen and intensely painful.

I was called in about noon of the third day and found the patient in a high fever and suffering greatly. I immediately ordered .6 grams (10 drops) of the green-root fluid extract of gelsemium, to be repeated every half hour till 4 grams (1 drachm) should be taken.

I also ordered the following :

R Ammoniae muriatis..... 3 i  
 Phytolaccae dec. fl. ext. (green-root).....  
 Rect. spts.....aa 3 i  
 Aquae, q. s. ad..... 3 viij. M

Sig : Apply to the part with a cloth, and renew every hour.

The testes were also well supported by means of a handkerchief passed under them and fastened to the shirt over the pubis.

The gelsemium was given with the view of controlling the fever and relieving the pain, both of which it accomplished before the 4 grams had been taken. This was repeated in 3-gram doses whenever any fever or pain began to develop. The local application was also continued for two days, when the inflammation had entirely subsided, and in about a week's time the enlargement had almost disappeared.

Case 2.—G. R., aged 28, was struck on the right testis with a hard ball. Inflammation of a severe character at once set in, and had continued about a week before I saw the case. Then the testis was as large as a good-sized cocoanut, and the pain so severe that he had not slept for five days.

I ordered the same treatment as described above, and after the fourth dose of the gelsemium, the patient was sound asleep and did not awaken for five hours. After four days the pain and inflammation had disappeared, but the testis remained large, indurate and tender to the touch. I then strapped the testis with adhesive straps for a week, at the end of which the swelling and induration had disappeared, and the testis was a trifle larger than its fellow.—*Med. Tribune.*

### Burn Successfully Treated by Bicarbonate of Soda.—

This case is rather an unusual one, the burn having occurred under very unfavorable circumstances, as the following statement will show :

On the 28th of March, 1878, I delivered Mrs. — of an apparently healthy female child, whose father I had treated for tertiary syphilis a few months before its birth. I was called to see the child two months after its birth, and found it afflicted with congenital syphilis—suffering with the following symptoms, viz. : hoarse voice, discharge from the nostrils, copper-colored blotches or ulcers, especially about the anus and pudenda, and somewhat emaciated. The usual remedies for syphilis were employed, and in a few months the little unfortunate seemed to be fully restored to health.

During the month of August, 1879, I was called to see the same child, and found it suffering with cholera infantum, from the effects of which it had scarcely recovered, when it received the following burns, occurring on the 21st of October : Its mother, in attempting to lift a vessel of boiling water from the stove, unfortunately upset it, pouring the entire contents upon the child, fearfully scalding one side of the body, including the head and arm. Care was taken in removing the clothes; hence the cuticle was broken in but few places.

Classifying the burn as one of the second degree, and considering the unfortunate circumstances that had attended the child from its birth, my prognosis was, of course, unfavorable. However, I adopted the following treatment: I gave opium, gr.  $\frac{1}{4}$ , repeated every two or three hours, to relieve the intense pain; forbade anything but a milk diet; opened the vesicles, clipping the larger ones with scissors, and pricking the smaller ones with a needle. Locally, I applied a solution of bicarbonate of soda, upon cloths, keeping them constantly saturated with the solution; the applications were renewed every four hours. This treatment was kept up for twenty-four hours, at the expiration of which time, the soda was dispensed with—the burns being in a healthy condition, and inflammation having entirely subsided, and there was no discharge and no smell.

Having seen several cases reported wherein soda was used under similar circumstances, I have been reminded to write this.—WM. B. CONWAY, M.D., in *Virginia Medical Monthly*.

**Treatment of Strychnia Poisoning.**—In a case of strychnia poisoning in a girl of 16, Rivine, a German practitioner, has found that 40 grains of potassium bromide, and 10, 20 grains of chloral hydrate were of great use, whilst 120 grains of potassium bromide or 40 grains of hydrate of chloral are necessary by themselves. He therefore recommends the combination of the two remedies in the treatment of cases of poisoning by strychnia. To test this theory, his pupil, Hessler, has carried out certain experiments on rabbits. For this purpose, Hessler has investigated the mode of action of potassium bromide on the sleep produced by chloral hydrate. He finds that the simultaneous administration of the former drug does not appreciably prolong this sleep. That sensation and reflex irritability are never completely abolished; that the danger of a fatal termination would not be diminished in narcosis produced by the administration of four-fifths of the minimum lethal dose of chloral hydrate with the addition of potassium bromide in a small dose (about one-third of the lethal amount). In ten cases of the minimal lethal doses of strychnia the method advocated by Rivine was not of more use than the simple chloral treatment; by both methods the tetanus which threatened life was allayed, and consequently life was prolonged. The duration and intensity of the attack were lessened to the greatest extent when the chloral mixture was given. When the minimal lethal dose of chloral hydrate was not exceeded, a sudden diminution in the frequency of respiration, and death from chloral poisoning occasionally occurred. The ultimate conclusion to which the experiments have led is that the simple treatment of acute strychnia poisoning by means of chloral hydrate is decidedly superior to the combined method proposed by Rivine.—*Practitioner*.

**Was the Child Born Premature or at Full Term?**—This question was asked me by an attorney, to be answered for a jury's edification. My answer was that the child was born premature.

Upon what evidence do you found such a judgment?

My answer was as follows:

1. From the small size of the child—four to five pounds.
2. The nails were poorly developed, and there was but little or no hair on the head.

3. The fontanelles and sutures were uncommonly large, indicating an imperfect development of the cranial bones.

4. The dark or cyanosed color of child.

5. The presence of the membrana pupillaris, which, according to Cazeaux, Playfair, Churchill, and others, disappears in the latter part of the seventh or during the eighth month.

6. The unusual amount of vernix caseosa, which is said by Mad. Bouvin to be more abundant on premature children, and nearly always absent when parturition is delayed.

This latter statement is according to my observation, indicating that it begins to be absorbed as gestation is completed or overruns its allotted time.

7. The presentation, which was a *breach*, Faegle contends that pre-natural presentations are more frequent in premature labors than when gestation has been completed.

No one of the above signs would be pathognomonic, but, taken as a whole, afford evidence, I think, sufficient to substantiate me in my diagnosis.

This was in a case of bastardy before the Circuit Court, and I had delivered the girl who brought the suit. The above were simply the facts in the case, as I observed them at the birth of the child. Her evidence (the history of the case) of course could not be taken into consideration by me in forming my judgment of the child's prematurity. It is rather difficult to explain to the laity the difference between a seven or eight months' child and one at full term; and it is sometimes not easy, especially without the history of the case, for the accoucheur himself to determine. The reasons given above seemed to satisfy the jury that the child was born "before its time," as the case turned upon that point, and the verdict was in the girl's favor.—A. G. HOBBS, M.D., in *Louisville Medical News*.

**The Cold Bath in Infantile Convulsions.**—In my own experience eighty per cent. of all cases of convulsions in children occur during fever, and I believe are nearly always caused by the elevation of temperature alone. The ordinary treatment of such cases is unsatisfactory; chloroform, first recommended by Sir James Simpson, will control the spasms, but in many cases these occur in such rapid succession that no intermission can be perceived: they continue whenever the anæsthetic is stopped, and our only recourse is to continue its administration until the fever yields to medicine or subsides spontaneously. I have followed out this plan of treatment in many cases, often successfully, and frequently not so.

I have notes of four fatal cases in which the inhalation of chloroform was continued from six to thirty hours. The administration of medicine in these cases is always difficult, sometimes impossible, and is generally attempted with risk to the already weakened heart. This is true of bromide of potassium, chloral, veratrum, aconite, etc., while quinine acts too slowly to be depended upon in any severe case: warm or hot baths are sometimes useful, when, by inducing perspiration, they reduce the temperature, but every medical man knows that they often fail to arrest the convulsions.

The cold bath fails so seldom that it may be considered a specific.

The spasms will frequently continue until the temperature has been reduced to  $98\frac{1}{2}^{\circ}$ , but at this point they are almost invariably arrested. Several years' experience with this plan of treatment has inspired me with the strongest confidence in its usefulness, and yet a desire not to have its value over-estimated compels me to admit that there are cases in which convulsions will return or continue notwithstanding the reduction of temperature, but such cases are rare, and probably are complicated by organic lesions, as tubercular meningitis.—*Canada Medical Record*.

**Sulphite of Soda in Malarial Fevers.**—Dr. L. Austin Porter says, in the *Michigan Medical News* :

I have been using sulphite of soda in many of the malarial fevers, which have been quite frequent in this neighborhood this fall. I find the results quite satisfactory, not a grain of quinine being necessary. It has appeared to me that cases thus treated are less subject to a relapse; the career of fever is cut perceptibly short, and convalescence immediately begins. I take the tongue of the patient as my guide board for the administration of this salt. When I find it presenting a broad, flabby appearance, with pale texture, and covered either with a pasty white, yellow, or brownish coat, with bad taste in mouth and fullness of stomach, sulphite of soda is my remedy; and with these signs I regard it as almost an infallible cure. But if the condition of the tongue be different from that here described, it will do more harm than good. It is absurd to administer it to a patient whose tongue is red, red-edged with fur in centre, or even covered with fur entire, while the body of it is red, or in which red papillæ are projecting up above the coating. There is nothing that will clean off the tongue quicker than this salt.

In properly selected cases it acts as a sedative, nervine, sudorific, and anodyne, bringing down the quick pulse, lessening irritability, cooling the burning skin, and soothing the aching body. My mode of giving this remedy is to use about sixty grains, divided into ten powders; one powder given every two hours, in mucilage, albumen or slippery elm tea.—*Medical and Surgical Reporter*.

**A New Rhinoplastic Operation.**—The existence of popular interest in rhinoplasty has recently been shown by a long article in a leading daily journal, describing an operation of this kind at Bellevue Hospital. The patient, a healthy young man, had lost his nose from a lupoid affection two or three years ago. The disease, having destroyed the nose, ceased to progress. The contraction of the cicatrices, however, produced ectropion in both lids. After waiting for over a year, as the disease did not show itself again, plastic operations for the relief of the ectropion were successfully performed by Dr. Sabine. These operations were followed, a short time ago, by one for the restoration of the nose, the middle finger of the left hand being used to supply the needed tissue. The nail of this finger was first removed, and its matrix cauterized. Then, at a subsequent period, the patient being etherized, an incision was made along the palmar surface of the finger, and the skin dissected back on either side. These flaps were united by fine sutures to the sides of the nasal open-

ings. During the operation the patient was nearly strangled by the blood which poured through the nares into his larynx. Laryngotomy was instantly performed, and relief thus given. The operation was then finished, and the hand firmly bound to the face by plaster-of-Paris bandages. The patient has, we believe, since been doing well. As union takes place, the digital arteries will be tied, and eventually the finger amputated. Such further operations as are necessary for securing greater symmetry and beauty to the new organ will be performed.  
—*Medical Record.*

**How to Cure Fits of Sneezing.**—Surgeon S. Messenger Bradley writes to British Medical Journal :

"During the recent rapid changes of temperature I caught a severe cold in my head, accompanied by almost incessant sneezing. My unfortunate nose gave me no rest. The slightest impact of cold air, or passing from the outside air into a warm room, equally brought on a fit of sneezing. In vain I snuffed camphor and pulsatilla; the light catarrh still triumphed over me. At length I resolved to see what the maintenance of an uniform temperature would do toward diminishing the irritability of my Schneiderian membrane, and accordingly I plugged my nostrils with cotton wool. The effect was instantaneous; I sneezed no more. Again and again I tested the efficacy of this simple remedy, always with the same result. However near I was to a sneeze, the introduction of the pledgets stopped it *sur le champ*. Nor was there any inconvenience from their presence, making them sufficiently firm not to tickle, and yet leaving them sufficiently loose to easily breathe through. This is really worth knowing, for incessant sneezing is among the greatest of smaller ills, and it seems only a rational conclusion to hope that in this simple plan we may have the most efficient remedy against one of the most distressing symptoms of hay fever."—*Louisville Med. News.*

**Evidences that Dead Infants Were Born Alive.**—At the conclusion of a close study of this subject, Dr. W. S. Abbott states, in the Boston Medical and Surgical Journal, that the medical examiner may infer that a child has lived during and after its birth, from the following signs :

1. When the diaphragm reaches only to the fifth intercostal space.
2. When the lungs more or less completely fill the thorax.
3. When the ground color of the lungs is broken by sinular markings.
4. When, by careful experiment, the lungs are found to be capable of floating.
5. When a bloody froth exudes from the cut surfaces of the lung on slight pressure.
6. When the air cells were visible to the naked eye.

These proofs, complete as they are, may be strengthened by the cicatrization of the umbilicus, the scaling of the epidermis, the closure of the foetal ducts, the size of the osseous nucleus of the inferior femoral epiphysis, the existence of milk, sugar, starch, or medicines in the stomach, determined by the appropriate chemical tests, and by the presence of fecal matter other than meconium in the lower intestines.

—*Medical and Surgical Reporter.*

**Cause of Ague.**—In two recent numbers (July and October 15th) *Archiv für experimentelle Pathologie*, Professors Klebs and Tomasi-Cru-deli report the particulars of a research recently conducted by them at Rome with regard to the essential cause of the ague which is endemic about that city; and, so far as can be judged from that account, the doctrine that ague-posion is a microphyte of malarious soil is no longer a mere matter of suspicion (as my text expresses it), but is a matter of experimental certainty. The investigators named declare that they can isolate from malarious soils and their atmosphere definite microphytic forms capable of separate cultivation; and that, when successive generations of this "*bacillus malarie*" (as they name it) have been cultivated in successive quantities of an indifferent fluid, subcutaneous inoculation of rabbits with any final fluid in which the *bacillus* is germinating will give ague to the subjects of the experiment. The argument of my text (in the section relating to the natural history of contagia) may suggest how extremely interesting it would be to ascertain whether, when animals are under influence of the *bacillus malarie*, the fever can be propagated from them to healthy animals by means of small transfusions of blood.—*British Medical Journal*.

**Poisonous Vinegar.**—The editor of the Boston Journal of Chemistry says:

Vinegar sold in the markets is so generally of a factitious character that it is better to discard its use, unless it can be procured from known honest sources of supply. The cheap vinegar thrown into the market by vinegar makers does not cost over two cents a gallon; some of them are but little better than dilute sulphuric acid. Pickles! If any one wishes to eat these detestable and unwholesome substances, it is better to procure the vegetables and good cider vinegar and make them at home. The oleomargarine manufacture ought to be prohibited by State legislation. Any compound made up of common beef tallow, and so colored and scented as to resemble butter, is a fraud; and most of the consumers, who are among the poorer classes, are defrauded in its purchase. The best specimens which have come under our notice are repulsive, greasy compounds.

**Morphia Tartrate.**—Morphia tartrate has been recommended by Erskine Stuart as a morphia salt particularly suitable for hypodermic injections, because more concentrated solutions can be obtained of it than of the muriate or acetate. It is very soluble in water and alcohol, forms neutral, wart-like crystals consisting of needles, and is made by dissolving ten grams crystallized morphia and 2.5 grams (or sufficient) tartaric acid in 40 grams hot distilled water, and evaporating in a moderately warm place.—*Pharm. Centralb.*

**New Method in Breech Presentation.**—Dr. Underhill, in the British Medical Journal, describes a process by which he has succeeded in difficult breech cases, after the failure of the ordinary procedures. He inserts the index and middle fingers of one hand behind the child's sacrum, and hooks them, one over each hip. He says it is very easily done.—*Pacific Med. and Surg. Journ.*



**Menthol as an Antiseptic.**—(Dr. H. Hager.) Japanese or Chinese oil of peppermint contains a large amount of stearopten (menthol), so that it forms a solid mass at ordinary temperature. This solid portion of oil of peppermint is likely to become an article much in demand, for, according to Duncan's statements, it has antiseptic powers equal to those of thymol. In some wholesale German price-lists it is quoted as *Oleum Menthæ Japonicum Crystallisatum*, price 62 marks (nearly \$16) the kilo.—*Pharm. Centralb.*, 394.

**Sclerotic Acid.**—Speaking of this substance the *Medical Times and Gazette* says: It has the advantage of remaining indefinitely without loss of strength, if only kept in a dry place and undissolved. Its sodium salt Nitikin considers the best preparation for internal use in the human subject. Subcutaneous injection of either drug causes a "sharp biting" pain, which passes off in a few minutes. Von Zeimssen claims for Sclerotic Acid over Ergotin that the former causes no inflammation at the seat of puncture.

**Inaction of the Bladder.**—Dr. Harrison (in *Lancet*) says:

Of the medicines that I have found most useful in restoring the tone of the bladder, I would mention the ergot of rye, which I generally give in doses of twenty to thirty minims of the fluid extract in cinnamon-water. Of its use, further experience only strengthens the good opinion of it I have elsewhere expressed in the treatment of this complication of prostatic enlargement.

**On the Use of Carlsbad Water in Diabetes Mellitus.**—Dr. Mayer, of Carlsbad, concludes a paper on this subject with the following resume:

- I. Diabetes mellitus is an incurable disease.
- II. The Carlsbad cure, in a large number of cases, relieves the most troublesome symptoms, improves the general condition of the patients, and prolongs life.

**Carnauba Root.**—This recent introduction to the list of therapeutic agents appears, from the very scant literature which we have been able to secure on the subject, to merit a thorough trial. It is classed under the head of vegetable alteratives, and its use in Brazil, to which country it is indigenous, has made it very popular in the class of cases in which sarsaparilla, stillingia, etc., are employed with us.—*New Press*.

**Cayaponin.**—The alkaloid of *Cayaponia Globulosa*, a cucurbitaceous plant of Brazil, is a powerful purgative in doses of six milligrams (1-10 grain) without causing griping.—*Rep. de Ph.*, and *Ph. Zeit.*, f. *Russt*.

SEVERAL cases are reported in England in which scarlet fever, measles, and other infectious diseases, have been spread by means of domestic animals, as cats and dogs.

## SCIENTIFIC ITEMS.

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**Galvanic Oxidation of Gold.**—New discoveries in chemistry are so common that we cease to wonder at them; and when chemical affinity and electricity work together it is hardly possible to set limits to their power. It has been a familiar statement in text-books of chemistry and technical manuals that gold can be dissolved only by *aqua regia*, or nitro-muriatic acid; but it has recently been discovered that the same result may be attained by the use of dilute sulphuric acid with the aid of the galvanic battery. In a communication to the French Academy of Sciences, M. Berthelot states that his attention was called by M. Chevreul to a remark by Grotthuss, that in his experiments on the decomposition of water by galvanic action he found that the gold wire used as the positive pole in the sulphuric acid through which the current passed was dissolved. M. Chevreul suggested that the action might be due to the formation of persulphuric acid, and M. Berthelot undertook a series of experiments to elucidate the subject. He first of all repeated the experiments of Grotthuss, which he found perfectly correct. Sulphuric acid diluted to one-tenth rapidly dissolved the gold, a portion of which was precipitated on the negative pole. Nitric acid under similar conditions produces the same effect with a violet-colored precipitate (gold or oxide of gold), which remains in suspension. Diluted phosphoric acid, on the contrary, does not affect the gold in any appreciable manner, even under the influences of the galvanic current; nor has potassium any action. The solvent power of sulphuric acid is not due to the presence of ozone; for oxygen charged with ozone does not attack the metal in presence of water, either pure or mixed with sulphuric or nitric acids. Persulphuric acid prepared by electrolysis does not act on gold even when it contains in addition a certain quantity of oxygenated water. The result of M. Berthelot's observation is that the gold is attacked solely under the influence of the galvanic current, and by the contact of the pole with the electrolyzed liquid.—*Boston Journal of Chemistry*.

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**Carrier Pigeons at Great Altitudes.**—Experiments were recently made in Switzerland to ascertain whether carrier pigeons would start at great altitudes, and would find their way from summits covered with snow as well as from less heights. Two pigeons were set at liberty on the Bergli, at a height of 8,600 ft. After perching for a few minutes on a neighboring rock, they took flight in the direction of the Eiger; but soon after they returned to the hut whence they had been liberated. They did not start again for some time, when they took the route for their cot, although, surrounded by mountains, they had not seen the country. Of these two, one did not reach its destination till seven days after; the other failed to appear. Neither (it should be said) had been accustomed to be set at liberty at a great distance from its cot. Another experiment consisted in letting off two pigeons (one of which had not been trained for great distances) about 9:30 a. m., at a point 50 ft. under the highest point of the Jungfrau, or 13,750

ft. above sea-level. They immediately rose, described several large circles, and took their flight down the valley of Lauterbrunnen, in the direction of Schilthorn and Schwalveren. One of these pigeons reached its cot at Thun at three o'clock next day (eight hours after starting). The other did not turn up. The result of these observations is the more interesting, because, in several instances, pigeons let off from balloons high up in the air have seemed to be incapable of sustaining themselves, and have fallen to earth like an inert mass.—*Boston Journal of Chemistry.*

**Natural Enemies of the Telegraph.**—There is, apparently, no apparatus so liable to be interfered with by what we may call natural causes as the electric telegraph. Fish gnaw and mollusks overweight the submarine conductors of the subterranean wires; while there is at least one instance of a frolicsome whale entangling himself in a deep sea cable, to its utter disorganization. It is stated that within the three years ending 1878, there have been sixty serious interruptions to telegraphic communication, in Summatra, by elephants. In one instance, these sagacious animals most likely fearing snares, destroyed a considerable portion of the line, hiding away the wires and insulators in a canebreak. Monkeys of all tribes and sizes, too, in that favored island, use the poles and wires as gymnasia, occasionally breaking them and carrying off the insulators; while the numerous tigers, bears and buffaloes on the track render the watching and repair of the line a duty of great danger. In Australia, where there are no wild animals to injure the wires, which are carried great distances overland, they are said to be frequently cut down by the scarcely less wild aborigines, who manufacture from them rings, armlets and other varieties of barbaric ornament. It has been suggested as a means of protection in this case that the posts should be constructed of iron, when the battery could be used to astonish any native climbing them with felonious intent.—*Scientific American.*

**The Colony of Victoria.**—The government of the colony of Victoria has caused to be compiled and published a full account of the aboriginal people of Australia, with notes concerning their customs. This work shows clearly that the Australians are really comparatively a new race to the continent on which they are already fast approaching extinction. Innumerable stone hatchets and basaltic chips, close to the surface of the soil all over the country, attest the former presence of the aborigines everywhere; but these relics occur only near the surface. No fossil remains of man have yet been met with, even in the alluvial deposits where the gold miners have worked. We have no evidence that man was contemporary with the great fossil kangaroo or the native lion; and, although, says Mr. R. Brough Smyth, the compiler of the present work, the bones of the native dog are found beneath the volcanic ash beds, there is nothing to show that this dog ever had a master. From these and other facts is drawn the inference that the Australian aborigines are a new race to their own land.

A GERMAN chemist is said to have invented an inflammable substance capable of serving as a substitute for white phosphorus in the manufacture of matches.

## PRACTICAL NOTES AND FORMULÆ.

**Sulphate of Zinc in Anæmia.**—Dr. Fenwick notes that in anæmia, coexistent as it often is with cardiac hypertrophy, iron is objectionable, and may be advantageously discarded for zinc sulphate, as in the following formula :

R Zinci sulphatis.....  
 Ext. gentianæ.....aa gr. ij.  
 Pill. rhei. comp..... gr. j.

For one pill, twice or thrice daily.—*Med. and Surg. Reporter.*

### Chloral in Diphtheria.—

R Chloral hydratis..... ʒj.  
 Aquæ..... ʒj. M.

Use as a gargle every hour or two.

Dr. R. Carney, in the *Canada Lancet*, says : “This is a specific in diphtheria ; it has a wonderful effect, the patches rapidly peeling and the patient promptly improving.” It may be applied by a sponge swab in infants.

**Coto Bark in Diarrhœa.**—I have tried coto bark with prompt success in a case of diarrhœa with tubercular complications. The following is the formula I have employed :

R Fl. ex. coto bark.....  
 Com. tr. cardamon.....aa ʒ ij.  
 Mucilage acacia.....  
 Syrup.....aa ʒ ss  
 Cinnamon water, q. s. add..... ʒ viij.

M. Dose, a tablespoonful every three hours.—Dr. J. B. Crandall in *Therap. Gazette.*

### Gastric Catarrh.—

R Sulphate magnesie..... ʒ ss:  
 Bicarb. potash..... grs xxx.  
 Salicylic acid..... grs. x.  
 Water..... ʒ iv.

To be taken after meals as soon as the symptoms of acidity are felt approaching.—*Ex. Med. Journal.*

**Dysmenorrhœa.**—A writer, in *Brief*, used the following remedy successfully to relieve the pain of dysmenorrhœa :

R Camphor..... 10 grains.  
 Dover's powders..... 10 grains.  
 Ext. hyoscyamus..... 10 grains.  
 M. Ft. pill 10.

Dose, two pills every two hours.

**The Purity of Chloroform.**—It being very important that chloroform for anæsthetic purposes should be pure, the following simple tests are recommended by the author. If chloroform is dropped on paper and allowed to evaporate, the last portion on being inhaled has a characteristic pleasant smell, and leaves the paper perfectly dry and odorless; impure chloroform, however, possesses a disagreeable irritating odor, which it imparts to the paper.

Pure chloroform does not redden blue litmus or give even a cloudiness with silver nitrate. If it should do either, it contains hydrochloric acid or products of decomposition of some other chlorides. Pure chloroform remains perfectly colorless when boiled with potassa; the presence of aldehyde causes a brown coloration.

When shaken with concentrated sulphuric acid and allowed to stand for half an hour, the two liquids should separate into two colorless layers. The presence of alcoholic chlorides produces a brown coloration.—*New Remedies.*

**Mithie's Elixir.**—This is a carminative elixir, which is prepared according to the following formula :

R	Ginger.....	3 1
	Cinnamon.....	3 2
	Long pepper.....	3 2
	Galanga.....	3 1
	Nutmeg.....	3 1
	Cloves.....	3 1
	Cardamom.....	℥ 1
	Alcohol.....	fl 3 6

Digest for 14 days and filter. Dose,  $\frac{1}{4}$  teaspoonful in some suitable vehicle.

**Soda Benzoate.**—Dr. Wm. B. Davis, in Cincinnati Lancet and Clinic, reported having had good success in the use of the soda benzoate in a case of ulcerated sore throat. There was marked improvement in twenty-four hours after commencing its use. In a severe case of scarlet fever with ulcerated sore throat there was evident improvement at first, but the patient had succumbed to the poison that day. His formula was for adults :

R	Sodii Benzoat.....	
	Aqua menth. plp.....	aa 3 ss.
	Syr. bal. Tolu.....	3 ii.

M. fl. 3ss every three hours.

For children :

R	Sodii benzoat.....	3 i.
	Aq. menth. plp.....	3 ii.
	Syr. bal. Tolu.....	3 i.

M. fl. 3i every two hours.

**Hagan's Magnolia Balm.**—This balm is said by Chandler to be a colorless fluid containing 23.07 of zinc oxide. The bottle contains  $3\frac{1}{2}$  fl. oz. of liquid, containing 2 drachms of glycerin and 262 grains of zinc carbonate, together with a trace of carmine, and flavored with lavender and bergamot.—*New Remedies.*

**Anti-odontalgic.**—The following is from Dr. J. Pirnat, in the Medical and Surgical Reporter.

"The following toothache panacea I have used for the last ten years, viz. :

R Chloral hydratis.....  
 Gum camphoræ.....aa ʒj.  
 Olei caryophilli..... gtts.xx

Sig. Saturate a small piece of cotton and plug the cavity with it."

**Constipation.**—Dr. Griswold, in Medical Brief, says : In the constipation of pregnancy, or constipation resulting from a torpid condition of the bowels from any cause, also in those chronic dyspepsias, when acidity is very prominent, and action of the bowels is seldom obtained except by artificial means, the following will be found of very great benefit. It has about it an air of old-fashionedness, but its worth is a matter of fact.

R Fol. Senna..... ʒiv.  
 Manna..... ʒiv.  
 Pulv. Angustura bark..... ʒij.  
 Pulv. gentian..... ʒi.  
 Pulv. rhei..... ʒi½.  
 Sem. annis..... ʒi½.  
 Capsicum..... ʒ½.

M. et add

Boiling water..... 1 pint.  
 Spts. turpentine..... ʒvi.  
 Steep one hour, strain and bottle when cool.

Dose, one tablespoonful morning and night.—*Brief.*

**Alcott's Red Drops.**—The following is the formula for the celebrated Alcott's Red Drops, which formerly enjoyed a great reputation in this section, in the cure of obstinate diarrhoea, and which I find as beneficial now as it probably was forty years ago.

R Pulv. rhei..... ʒj.  
 Sach. alba..... ʒiv.  
 Pimento..... ʒ½.  
 Boiling water..... 1 pint.

M. and when cool add

Tinct. opii..... ʒi½.  
 Spts. ammo. ar..... ʒv.  
 Spts. vini gallici..... ʒij.

Dose, one to two teaspoonfuls every two or three hours.—*Brief.*

**Netolitzky's Bromine Inhalation.**—

R Bromine..... gra. 8 to 16.  
 Bromide of potassium..... gra. 8 to 16.  
 Distilled water..... fl ʒ5 to 7.

Dissolve. To be poured, in small quantities at a time, upon a sponge or upon lint, for inhalation in croup. The effects of this solution are very favorably spoken of.—*Prag. Med. Wochensh.*

**Purgative in Piles.**—Dr. Barker's prescription is as follows :

R Pulv. aloes soc.....	20 grains.
Sapo cast.....	20 grains.
Ext. hyosciami.....	3 ½.
Pulv. ipecac :.....	5 grains.
M. Ft. pil. No. 20.	

Dose, one pill morning and evening.

If the rectum is irritable, with small, thin, frequent evacuations, he substitutes opium for the hyoscyamus and uses less aloes.—*Brief.*

**For Acute Rheumatism.**—Solution of salicylic acid, particularly useful in acute rheumatism.

R Acidi salicylici.....	3j
Sodii biboratis.....	3 ½.
Glycerine.....	3 ij.
M. Heat until dissolved, and add	
Glycerine.....	3 j.
Aqua q. s. ut ft.....	3 ij.

Dose, one teaspoonful every three hours.

**A Good Blacking.**—Probably the best ordinary blacking which can be produced is made by the following formula, which has been long in use.

Mix intimately .

Molasses.....	1 lb
Best bone black in very fine powder.....	1 lb
Olive oil.....	½ lb
Sulph. acid previously diluted with ½ lb of water.....	½ lb

The whole is allowed to stand for 3 hours or longer, and afterwards as much water is added as is necessary to give it the proper consistence.—*New Remedies.*

**Remedy for Corns.**—Mr. Gezow, a Russian apothecary, recommends the following as a sure remedy for corns, stating that it proves effective within a short time, and without causing any pain.

R Salicylic acid.....	30 parts.
Extract of cannabis indica.....	5 parts.
Collodion.....	240 parts.

To be applied by means of a camel's-hair pencil.—*Pharm. Zeit. F. Russl.*

**Palatable Epsom Salt.**—M. Yvon states that the disagreeable taste of sulphate of magnesia may be completely concealed by the addition of a few drops of the essence of mint, provided that the quantity of the vehicle be small. He advises that 3 vi. of the sulphate should be dissolved in about 3i. of water, two or three drops of the essence of mint being then added; or the flavoring agent may be added to the salt, and the patient directed to dissolve the whole in as small a quantity of water as possible.—*New Remedies.*



## EDITORIAL AND MISCELLANEOUS.

*Cinchonia Alkaloid.*—We invite attention to advertisement of Cinchonina Alkaloid, by Messrs. Powers & Weightman.

*Petrolina and Pétrolina Oil.*—These are valuable articles. The Petrolina never gets rancid and is excellent as a pomade for the hair, as a bland, mild application to sores and ulcers, and a splendid vehicle for ointments, salves, etc. See advertisement.

*Bound Volumes.*—Subscribers can have their back volumes bound here neatly at \$1.00; the postage is about 17 cents on the bound volume. It can be lessened by tearing out the advertisements in mailing to us. The volume for 1879 makes a very pretty book and will make a very useful book of reference containing formulæ and suggestions adapted to almost every form of disease.

The subscriber who neglects to bind his journals does great injustice to himself and his library.

*Southern Medical College.*—This new Institution has proven, in all respects, a remarkable success. The number of matriculates surpassed the expectations of the most sanguine, exceeding that of any former medical institution in the South. The curriculum of study has covered a wide field, and the course of lectures yet going on are highly satisfactory to the students in attendance.

The many, medical gentlemen who have visited the Institution during the session have spoken in very complimentary terms of the ability and thoroughness with which the various professorships have been filled, and predict for it a brilliant future.

In our next, or March number, we will give an account of the first commencement exercises, etc., of the Institution.

*Sixth Decennial Pharmacopœia Convention.*—By virtue of authority devolved upon me as the last surviving officer of the Pharmacopœia Convention of 1870, I again call the attention of "the several incorporated State medical societies, the incorporated medical colleges, the incorporated colleges of physicians and surgeons and the incorporated colleges of pharmacy throughout the United States," to the importance of appointing delegates to the Sixth Decennial Pharmacopœia Convention, and of sending the names and residences of the same to me for publication. The Convention meets on the first Wednesday in May, 1880, and I am required "to publish the names and residences of the delegates, for the information of the medical public, previous to its meeting."

I have received so far the names and residences of the following delegates :

From the Massachusetts College of Pharmacy, Boston : Prof. G. F. H. Markoe, Ph.G. ; Samuel A. D. Sheppard, Ph.G. ; Thomas Doliber, Ph.G.

From the Philadelphia College of Pharmacy : Prof. John M. Maisch, Alfred B. Taylor, Prof. Jos. P. Remington.

From the Louisville College of Pharmacy : Prof. Emil Scheffer, Prof. C. Lewis Diehl, E. Vincent Davis.

From the Maryland College of Pharmacy, Baltimore, Md.: *Delegates*—Wm. S. Thompson, Louis Dohme, Jos. Roberts. *Alternates*—Charles Caspari, Jr., Dr. John F. Moore, Dr. Robert Lautenbach.



From the Medical Society of the District of Columbia: Prof. D. W. Prentiss, M.D., Prof. Thomas Antisell, M.D., Emeritus Prof. James E. Morgan, M.D.

From the National Medical College of Columbia University, Washington, D. C.: Prof. W. W. Johnston, M.D.; Prof. D. W. Prentiss, M.D.

From the Medical Department of the University of Georgetown, D. C.: Prof. W. H. Ross, M.D.; Prof. C. H. A. Kleinschmidt, M.D., and Dr. S. C. Busey.

From the National College of Pharmacy, Washington, D. C.: Mr. W. S. Thompson, Prof. Oscar Oldberg, Mr. R. B. Ferguson.

[Signed]

JAMES E. MORGAN, M.D.,

905 E Street, N. W., Washington, D. C.

Washington, D. C., January 28, 1880.

### METRIC OR DECIMAL SYSTEM.

The following simple table gives all that there is in the metric or decimal system of weights and measures:

#### MONEY.

10 mills make a cent.                      10 dimes make a dollar.  
10 cents make a dime.                      10 dollars make an eagle.

#### LENGTH.

10 milli-meters make a centimeter.    10 deca-meters make a hectometer.  
10 centi-meters make a decimeter.    10 hecto-meters make a kilometer.  
10 decimeter make a meter.            10 kilo-meters make a myriameter.  
10 \*meters make a decameter.

#### WEIGHT.

10 milli-grammes make a centigr.    10 deca-grammes make a hectogr.  
10 centi-grammes make decigram.    10 hecto-grammes make a kilogr.  
10 deci-grammes make a gramme.    10 kilo-grammes make a myriagr.  
10 †grammes make a decagramme.

#### CAPACITY.

10 milli-meters make a centilliter.    10 ‡ liters make a decaliter.  
10 centi-liters make a deciliter.       10 deca-liters make a hectoliter.  
10 deci-liters make a liter.

The square and cubic measures are nothing more than the squares and cubes of the measures of length. (Thus, a square and a cubic millimeter are the square and the cube of which one side is a millimeter in length.) The are and stère are other names for the square decameter and the cubic meter.

\* A meter is equal to 39.368 American inches.

† A gramme is equal to 16.433 grains troy or avoirdupois.

‡ A liter is equal to 2.113 American pints.—*Er.*

### CLIMATE OF GEORGIA.

One of our subscribers from a Northern state writes to know if the climate of Atlanta is adapted to consumptives. We hesitate not to express the opinion that it is, and that middle Georgia and the entire section of Georgia, particularly the Northeastern portion of the State, is better adapted to consumptives than Florida and some other resorts in a more Southern section—we mean as a permanent place of residence. In the interior of Florida the climate is mild and the hygrometric conditions favorable in the winter. In the summer, however, it is too warm and relaxing, and malaria is too prevalent in most sections of the State to make it safe for the consumptive during the summer months. In Jacksonville and at all points on the coasts of Florida there is too much moisture in the atmosphere to make it desirable at any season. The

sea breezes in winter are also exceedingly penetrating and disagreeable. In the interior of the State, among the pines, these objections obtain in much less degree. So in certain localities in Southern Georgia, the climatic conditions are favorable the year round. This is true, especially of Thomasville and Cuthbert, Georgia. These are healthy points the year round, and the climate mild, uniform and free, in a great degree, from malaria, though the long summers become somewhat enervating to some constitutions.

In middle and upper Georgia the summers are not excessively warm, nor are the winters severe, the thermometer seldom falling below 30° in winter or rising above 85° in summer.

We mention as among the desirable points in upper Georgia for permanent residence of consumptives the cities of Griffin, Atlanta, Marietta, Gainesville, Athens, Madison and the villages and country adjacent to these points.

### DISSECTING MATERIAL.

A great deal of overwrought and injudicious sensation has been kept up by the newspapers in Atlanta, relative to the procurement of dissecting material; it being charged upon the colleges that they were grave robbing in this vicinity. The janitor of the Atlanta Medical College was arrested, threatened by the mob and finally convicted of robbing a grave in a neighboring county, although upon search the authorities failed to find the remains in their possession.

We can say for the *Southern Medical College*—the institution with which our editorial corps is connected, that the Faculty do not desire or intend to procure subjects in this vicinity, or in any way that may be objectionable even to the most sensitive and fastidious in such matters; on the contrary they instructed their Demonstrator, early in the session, not to do so, and to procure only material from morgues and pauper grounds in distant sections where they can be obtained without let or hindrance. They are pleased to say to the Profession and to Students everywhere that dissecting material can and will be abundantly secured, and that the facilities for the study of practical anatomy in the Southern Medical College will be equal to the best in the country.

### LITTLE THINGS IN PRACTICE.

There are many practical and useful ideas which from their very simplicity are overlooked in emergencies. One of these we now mention as suggested by a recent occurrence in practice.

A very fleshy and clumsy lady being thrown from a wagon received a severe injury to her back, so that the least motion caused excruciating pain. The accident occurred in the public road, half a mile from her residence. How to carry her home with the least injury and suffering was the first thought. A buggy was brought, but the effort to lift her into it seemed almost impracticable and the pain too excruciating to be borne, and a like trouble must be encountered in getting her out. At length a large armed rocking chair was brought, into which she was placed with comparatively little pain, her back finding support on a pillow, a half-reclining position being secured by throwing back the chair and supporting her feet. A hand spike was then placed under the chair long enough for two men to take hold on each side, while one man supported the back of the chair, and she was thus carried to her home with comparative ease and convenience.

### BOOK NOTICES.

A MANUAL OF THE PRACTICE OF SURGERY, by W. FAIRLIE CLARKE, M.A. and M.B. F. R. S., Assistant Surgeon to Charming Cross Hospital. From the last London edition, revised and edited, with addi-

tions, by an American Surgeon. 299 pp. Illustrated. New York: William Wood & Co. 1879.

This is an excellent work, containing as nearly, perhaps, as possible in a small and compact volume, the recent advances in surgical knowledge. There are valuable suggestions and additions by the American editor. It is certainly very practical and desirable to the surgeon and practitioner.

**THE VENERIAL DISEASES**, including Stricture of the Male Urethra, by E. L. KEYES, A M., M.D., Professor of Dermatology and Adjunct Professor of Surgery in the Bellevue Hospital; Consulting Surgeon to the Charity Hospital, etc., etc. New York: Wm. Wood & Co., 27 Great Jones street. 1880.

This is an illustrated work of 242 pages, octavo in cloth illustrated, and beautifully gotten out, and constitutes another issue of the series of standard medical authors, by William Wood & Co. It is a most instructive and valuable work and should be in the library of every practitioner.

**MALIGNANT DEGENERATION OF A FIBROID TUMOR OF THE UTERUS—LARGE FALSE ANEURISM IN THE SUBSTANCE OF THE GROWTH.** DRs. ALBERT N. BLODUETT AND CLIFTON E. WING. Boston.

**RETROVERSION IN RELATION TO LACERATIONS OF THE CERVIX UTERI, Etc.,** by NATHAN BOZEMAN, M.D. New York. Reprint from volume III. Gynecological Transactions. 1879.

#### RECEIPTED.

[Receipts not acknowledged privately are entered here.]

1879.—J. H. Payne; R. B. Stapleton; J. W. Talley; J. E. Pope; Jno. A. Gordon; R. W. Lovett; P. M. Catching; J. S. L. Miller; I. H. McMullan; J. M. Boring.  
1880.—M. L. Barron; J. W. Baker; W. E. Bryant; A. A. Davidson; W. H. Bledsoe; J. R. Harrison; T. L. Doster; G. M. Patterson; R. E. Hutchins; H. S. Shiell; C. H. Jones; T. S. Parham; D. B. Hamilton; C. S. Priestly; C. P. Sanders; A. T. Park; W. P. Wright; Jas. S. Glenn; D. S. Aswell; Allison Lockwood; L. J. Bachman; Z. J. Scott; W. J. McAlpin; C. J. Burrough; R. H. Edwards; N. G. West; D. B. Searcy; E. A. Cox; J. C. Webb; J. W. Ethridge; J. M. Pierce; J. C. Wallis; J. B. Foster; L. B. Weathers; J. H. M. Sykes; W. Culpepper; E. W. Austin; Joseph Underwood; O. W. Owensby; John Riches; J. W. Thomas; L. R. Branch; I. Dillworth; Hays & Bro.; L. S. Brownlee; R. A. Clopter; W. T. Foute.

## SPECIAL NOTICES.

**BLACK'S IMPROVED FERTILIZER.**—A one horse Farm right at \$5.00. We have assurances that this is a very valuable article and a great saving to farmers who have to purchase fertilizers. Address M. T. Hogan, agent for Ashley & Speir, Macon, Georgia.

**GRAPE CULTURE AND WINE.**—Mr. A. Speer, of New Jersey, one of the largest grape producers of the East, commenced, but a few years ago, in a small way, to make wines from currants, blackberries and other fruits. He now controls large vineyards, from which his famous Port Grape Wine is made, which chemists and physicians say rivals the world for its beneficial effects on weakly and aged persons. For sale by druggists.

**PARKE, DAVIS & CO.** are importers of new remedies and extensive dealers in the drug line. Their list of manufactures comprises: Fluid and Solid Extracts, Spread and Roll Plasters, Sugar-Coated Pills, Medicated Lozenges, Concentrations, Medicated Syrups, Elixirs, Wines and Syrups, Medicated Colloids, Confections, Cerates, Effervescent Salts, Fumigating Pastilles, Pepsine, Pancreatine, Ergotine, Aqua Ammonia, Spts. Nitro Dulc, Chem. Pure Chloroform, Empty Capsules, Chloroanodyne, etc., etc.

**Wm. R. Warner & Co.** have for years been regarded as amongst the most reliable manufacturers of pills in this country. We have recently received a bottle of their quinine pills, sugar-coated, with which we have had a satisfactory experience. Dr. Yale made a report to New Remedies last spring upon the pills of various manufacturers, amongst them his experiments with pills of quinine, made by Warner & Co., that shows a great perfection of result.—*Gynecologic Gazette*.

T H E

# Southern Medical Record.

EDITORS:

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*R. C. WORD, M.D., Managing Editor.*

All Communications and Letters on Business connected with the RECORD must  
be addressed to the Managing Editor.

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## ORIGINAL AND SELECTED ARTICLES.

*REPLY TO PROF. LEVIN S. JOYNES PAPER ON  
"QUARANTINE BY THE GENERAL GOVERN-  
MENT," AND TO PROF. CHAILLE ON CAS-  
TRATION AND SPAYING AS A MEANS  
OF ARRESTING SYPHILIS.*

BY DR. ALBAN S. PAYNE,  
Professor of Practice, in *Southern Medical College*.  
[Continued from February Number.]

*Cold Water.*—Its free use externally with borax (the very best soap), would be found a sure preventive of a large number of those diseases that the physician is called upon to treat in low, wretched, overcrowded huts often found in large cities. At the same time the value, gratification and comfort experienced by a cool drink of water cannot be possibly over-estimated.

*Aconite.*—Of great value as a preventive of pain. It is a lowerer of the heart's action of very great power and certainty; is exceedingly valuable in the early stage of pneumonia, pleuro-pneumonia, inflammatory rheumatism, and in all diseases when it is desired to lessen the vis a tergo.

*Veratrum Viride.*—Very similar in its action to aconite on the system, with the exception that veratrum viride may run off by the bowels;

aconite never does. For this reason aconite is the most reliable remedy in diseases which may have a tendency to assume an asthenic or typhoid type; worthy of a trial as an abortive remedy in the pleuropneumonia of cattle, in the stage of incipency.

*Chlorate potassa.*—As a preventive remedy in hog-cholera (so called), with clean beds, warm, dry shelter, and some attention given to the condition of the hog's skin, along with a good nourishing diet, this remedy will be found reliable as a preventive and a curative agent in the hog cholera.

*Pulvis Cubebei et Carbonate Iron.*—These two simple remedies will be found peculiarly beneficial in preventing and curing chicken-cholera.

*Vaccination* with the vaccine matter from the cow, as an aborting remedy in typhoid fever and the eruptive fevers generally, as suggested by Dr. R. L. Barret, Louisa county, Va.

As to the lavish use of quinine both as a prophylactic and curative means in yellow fever, during the past epidemic, it has either failed to meet expectation, or proved notoriously injurious. Even those outside of the profession are aware of this fact, and thereby are apt to place the faculty at a low estimate.

During the panic many resorted to the drug to the injury of their nervous system. One fact long ascertained, but apparently ignored, at present by many, is the following. The restoration of the secretions in this fever, and of course, by inference, the expulsion of the fever poison or its combinations by the channels of elimination, are true indications of treatment. Mercurials were used for this purpose (but not exclusively), and the "princes of thought" stopped short of salivation, so soon as the secretions were restored, whenever their aim could be attained without this risk. Patients rarely died when proper biliary evacuations were obtained, in this as in Asiatic cholera; this constituted a prognosis which should be treated as of great value. In this connection we therefore see that no board of health, without enlarged practical knowledge, assisted by an extensive acquaintance with the bibliography of yellow fever—such as belongs to men of enlarged reasoning powers, acute observation and ample training, can grapple with the subject successfully, or sift the wheat from the chaff.

Human life is too sacred to be subject to the mere vagaries of the imagination. On preventives, Bacon, *De Ang. Scient.*, says: *Neque dubitato inter desiderato reponere opus aliquid de curationibus morborum, qui habentes insaniuntibus.*

Although our profession reasoned by induction long before Bacon, yet this may be quoted for the benefit of Dr. Hand-Organ.

The instinct and conduct of animals in such matters, which closely resemble our constitution, may prove instructive to us. We must take into account the ability of the organism to resist, to a certain extent, physical influences.

Dyspepsia is often the forerunner of mental derangement. Do not overtask the stomach or brain.

Ignorance, improvidence and profligacy are the great evils of life.

Quarantine has so far never proved to be a success, and if it had proved itself to be what is claimed for it by its peculiar friends of the present day, still it is necessarily a subject of grave import, and like

martial law, should not be declared without positive proof of its absolute necessity.

Unlike my learned friend, Prof. Joynes, I do not believe in the omnipotence of quarantine.

In my opinion, all fevers are a unit, either modified or intensified by atmospheric conditions. Let the thermometer run up to 98° in the shade, and remain there for some time, and let there be a want of cleanliness in a city, and you may calculate with a reasonable certainty that yellow fever will pay that city a visit before many days pass by, and without any importation from a foreign source. The same atmospheric conditions, only in a less intensified degree, and you may expect the prevalence of a remittent bilious fever. Nor am I one of those who believe you can confine in walls the pathogenic poison of yellow fever, as you could pen a hog or stall a cow. Philadelphia was a long time quarelling with and establishing quarantine against New York, on account of the yellow fever. At last wise counsels prevailed; she went to work and cleaned her own streets, and she has never since been visited by yellow fever. I well remember the calculation made at the South during the late war, that no federal army could summer in New Orleans; if it attempted to do such a thing their ranks would be decimated by the yellow fever. Gen. Butler took command, he was not learned in medical science, but he possessed good, hard common sense and a practical turn of thought. He cleaned up the city thoroughly, and no case of yellow fever occurred. These two examples should be instructive and sure to teach us that cleanliness is one of the most valuable of preventive medicines.

I have read Prof. Joynes' argumentative paper entitled the "Need of a uniform National Quarantine" with a great deal of gratification as with much instruction. But with all due deference to his superior age and experience, I must say I think he mistakes the question at issue. It is neither the power of congress, nor the property of congress, to enforce a uniform, national quarantine law that is doubted by the masses; or rather can congress or any other set of men pass a law that can prevent the epidemic diseases from spreading? I am sure they cannot, unless they can temper the wind to blow wherever they listeth, or can regulate the temperature of the atmosphere at a point much below 98° in the shade.

My esteemed friend, Prof. Levin S. Joynes, in his paper "On the Need of the National Quarantine," says: "As to the question of expediency I am not deterred by any apprehension of danger likely to result from this enlargement of the operations of the general government, seeing that the new exercise of power will be for the safety and advantage of the entire country, more especially of the South, and it is not within the range of reasonable probability that it can ever be perverted to the purposes of injury or oppression."

This is a very graceful surrender of States Rights, the doctrine a long time held and very warmly cherished by the Professor and his political friends. Nevertheless a surrender not very emphatic in its terms, and made to dire necessity and with evidently some little qualms of conscience.

Now, so far as I know, no one is opposed to the general organization of boards of health in the several states; nor does any one object

to the establishment of a national board of health or quarantine, but every physician having the love of science in his bosom and the true interest of the profession in his heart, does seriously object to their being used as huge engines of politico-medical power. For my own part I do not feel now, nor did I ever feel any very great solicitude about the fate of States Rights. I now believe and have always believed that a state stands to the general government as a county does to the state. Now what would some of Prof. Joynes' medico-political friends say were the County of Fauquier to refuse to obey, to nullify a law of the State of Virginia? And not being permitted to do this, were to secede? Why, the answer I conceive would come back quickly and in thundering tones: "Freeze her out! Stamp her out!"

I can quote the great names of a Patrick Henry, a John Marshall and a William West to sustain my views on these questions.

Nor am I one of those to be frightened by the stale dogmatical assertion periodically so common in sections of our common country, in regard to the dangers of imperialism. State medicine and States Rights ought to be, from the similarity of their name, twin brothers working in perfect harmony one with the other. My doctrine is to cure or to alleviate pain if constitutional, and, if unconstitutional, to use every effort, every means in my power to produce the same results. For I believe that (by divine right) this curing, this alleviating of suffering to the poor fallen human race is higher, nobler than aught in this world of ours, and, therefore, does and should override all constitutions and all and every consideration of public policy whatever. Besides, my religion, learned in my tender years at the lap of a sainted mother, teaches me "to do unto others as you would have others do unto you." I had read so much for the last few months about state medicine, preventive medicine, so much of which annoyed rather than interested me, for I could neither applaud or agree with much that I saw was being recommended to the general government to prevent visitations of epidemic diseases, such as "freezing out" the contagion or placing it in close confinement to the yellow fever contagia as the sole means of preventing its spread. The "stamping out" process also to be adopted in regard to all cases afflicted with pleuro-pneumonia in its benign form or stage to prevent rinderpest. The same process to be adopted with hogs to prevent an epidemic of hog cholera; decapitating chickens to prevent chicken cholera. Even such to be followed by the recommendation to "stamp out" all horses found affected with "farcy" to prevent the "glanders," until I was in such a frame of mind that I hardly thought any recommendation, however absurd or monstrous, would surprise me. But in this I was mistaken, for I was greatly surprised to hear Prof. Chaille, of New Orleans, read a paper to the American Medical Association at Atlanta, Ga., May the 6th, 1879, in which he urged the general government to strictly enforce by penal enactment, the *castration* of the men and the *spaying* of the women to prevent the spread of syphilis. His paper was very artistically read, and was beautifully worded, evincing considerable dramatic power and literary taste and ability. It was a pity and a shame for so elegant a paper to have been ruined by so monstrous a proposition. Carry out this idea of Prof. Chaille and our government would cease to be the:

"home of the brave and the land of the free" and become the most cruel oligarchy on the face of earth.

Now I would pass this paper over as one of the vagaries of a bright, active, over-worked brain, were it not from the fact that this particular recommendation was received with great applause by some members of the National Board of Health.

And if I am correct in this belief, sincerely (although it may be erroneously entertained), it becomes a significant fact, and one well calculated to cause grave solicitude for the peace and quiet of our country.

Now this theoretical recommendation sounds well enough on paper, but the practical working of it must be just the reverse of what the learned Professor supposes. And, in the first place, the castrated male would be the subject of almost continual exacerbations, sexual desire, and he would be perpetually on the *qui vive* for some female subject to relieve his sexual desires upon. Consequently he would be engaged in sexual intercourse with a much larger congress of women than would naturally be desired by a man of virility. Therefore the risk of his spreading the disease would be far greater in him than the risk of an unemasculated man would be.

There is, mind you, nothing in simple castration preventive of syphilis. In circumcision there would be some increased chance of exemption from contracting syphilis, very decidedly so in gonorrhœa. The loss of the testicles does not abate the desire for sexual commerce in man, but only prevents its proper and satisfactory consummation. The ancient eunuch was a man who had lost the penis as well as both testicles. The man who had lost one testicle in ancient times was called *spodanes*.

The female also burning with a sense of injustice, coupled with a sense of degradation, would be continually brooding over her great wrong, and naturally anxious to prove the operation of the learned Doctor a failure, so far as she herself was concerned. She would be seeking every opportunity to convince as many males as possible of this fact, until, lost to shame, she would become a common prostitute. This thing would never be willingly submitted to and would have to be enforced by the "strong arm of the law," and thereby you would throw upon every community a large class of malcontents who would render every peaceful community a perfect pandemonium.

I may state that the worse man I ever saw to *run* after women was a large handsome fellow who had been castrated, ten years before, in Danville, Kentucky, by my uncle, the late Dr. Alban Goldsmith. He had sexual intercourse with more women, talked more of his virile powers, and gave more of his paramours the syphilis than any man I ever met with. After spending his own property, late in life, he married a lady with some property of her own. There was no offspring following this marriage, and so far as I know, he succeeded in fooling his wife to the last. However, his wife was heard once only to remark, about a year after this marriage, that Mr. G. could go to bed earlier and to sleep quicker, and get up earlier in the morning than any man she ever heard of. Of course, whenever one of those emasculated men marry, their whole inclination is to go from home.

And here I am reminded of what actually occurred with an old lady in Southwest Virginia. Her husband had the mumps, and it became



necessary to send for Dr. F——. The doctor, not knowing what the disease was, was met at the gate by the old woman, who was very much excited and quite solicitous regarding "her old man," exclaiming: "Doctor, he has got the mumps and they have *fell*, and I reckon they are nigh unto this large," extending her double fists directly in the doctor's face to give him some idea of the size. "Now, Doctor, what can be done?" exclaimed the old woman. The doctor replied with an oath, that if he could not cure him he knew what he could do.

"What?" exclaimed the old woman.

"Why, cut them out."

"Goodness!" exclaimed the old woman, "do everything *but that*. Yes, Doctor, let it be the very *lastest* thing, for you know they are the most *particularest thing* a man has."

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### SEQUELÆ OF RHEUMATISM—A CASE.

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BY A. G. HOBBS, M.D., INDIANA.

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J. W——, male, æt. 32, light complexion, short stature and good physique, contracted rubeola fifteen years ago, and during the eruption was exposed to a long cold rain which, he says, "drove in the measles."

In 1868 he had a light attack of rheumatism which lasted him only a few days; another in 1872, more severe, and during the years of 1873, 1874, 1875 and 1876, he had six separate attacks which lasted him from five to twenty days each, each subsequent attack increasing in point of duration and severity.

I first met him in 1877, and having my attention drawn to the pulsation of his carotid arteries, which were visible across the room, I at once, without a critical examination, diagnosed an hypertrophied heart. At this time he was in seeming robust health, but he was not destined to remain so long.

In December, 1877, I was called to see him, when I found him suffering with a severe rheumatism of the knee and ankle joints, the pain soon afterwards reaching the smaller joints of his feet. At the same time he had præcordial pains, lancinating and acute, with dyspnœa and a feeling of impending dissolution.

After quieting him with a hypodermic of  $\frac{1}{4}$  gr. morphia, and 1-60 gr. atropia, which was almost magical in its effects, I proceeded to make a physical examination as follows:

*Inspection* revealed a bulging of the præcordial region and the apex beat between the sixth and seventh ribs, two inches to the left of the nipple line.

*Percussion*. A dullness of four inches in diameter extending downward and to left.

*Auscultation*. A murmur heard in diastole, at border of sternum in

third intercostal space extending downward and toward apex ; the pulse typically "locomotive," visible twenty feet at radius, normal frequency ; increased volume ; increased power and regular rhythm.

I diagnosed aortic incompetency with compensative hypertrophy. The hypertrophy was enormous.

I now turned my attention to the cardiac pain and think the following facts will sustain me in diagnosing a pericarditis in its inflammatory stage. There was pain, and upon firm pressure over the heart, tenderness ; palpitation during paroxysm of pain ; increased frequency of pulse ; shortness of breath, and pyrexia. At any rate apyretic treatment allayed all pain and tenderness, and thus, I think, aborted the pericarditis in its first stage before effusion took place.

I gave him salicylic acid till he had taken two ounces in eight days. No gastric trouble ensued.

On the ninth day the pains had left his legs and feet, and had attacked his elbows, wrists and fingers, but in a much milder form. I now put him on the alkaline treatment and continued it eight days longer.

On the eighteenth day he had so far recovered as to be able to leave his bed with only a few lingering pains in his fingers. He now rapidly convalesced.

In November, 1878, I was again called to his bedside, when I found him in much the same condition as before, without the pericardial complication. The pains in the joints of his legs and feet were so intense that when the weight of a light cover touched his toes he would shriek with agony.

I at once put him upon alkalies and opium sufficient to slightly allay his pains. For this purpose the latter was required in very large doses. This treatment was continued six days, when he seemed much improved. It now required only small doses of opium to keep him comparatively free from pain. During this time I had lessened the potassa to just a sufficient quantity to keep his urine alkaline.

On the seventh day his pulse, which had always before been full, strong and wiry but normal in frequency, had now become much stronger and was beating 120 times to the minute ; temperature normal ; the impulse of the heart enormous, and he now for the first time manifested brain symptoms ; knew no one except for the instant his attention was riveted ; complained of no pain ; analysis of the urine revealed both urates and phosphates.

I gave him Norwood's tincture and tincture of aconite 5 m. each every hour, and watched the effect closely. After four doses had been taken his pulse became normal and all brain symptoms passed away, when he complained of slight nausea and a tingling in his fingers, indi-

cating the effects of the aconite. During the next eight days his rheumatism gradually improved, but the above symptoms returned during that period ten times, when each time the veratrum and aconite were administered with the same good results as at first. From this time, he rapidly convalesced and was out on the nineteenth day.

In January, 1879, he had a short attack; the pains intense but vasculating every eight or ten hours from one joint to another; nothing would quiet him but morphia hypodermically, of which I injected  $\frac{1}{2}$ gr. morning and evening. He was out on the eighth day.

*April, 1879.*—Another seize began which was destined to be the most protracted, if not the most painful of all. This attack began and proceeded as before with essentially the same treatment as before, his heart impulse remaining very strong till about the twelfth day, when it began to intermit and become much weaker, when brain symptoms again ensued. He lay perfectly quiet; eyes most of the time wide open and glaring; pupils dilated; urine passed in large quantities, clear and limpid. Remained in this condition fourteen days, taking digitalis during the whole time with a Dover's powder every six to ten hours. Took his medicine and nourishment mechanically and without resistance.

About the twentieth day his pulse gradually became stronger and more regular, and the mental symptoms slowly passed off. He now complained of pains in his arms and legs as he did upon the day the brain symptoms attacked him, and he spoke of that day as "yesterday." From this date he improved slowly, and in ten days more was attending to slight duties.

*December 1st, 1879.* My patient was again stricken down with his dreaded disease, the pain beginning as before in the joints of his legs and feet, but soon changed to his arms and fingers in a more intense form, if possible, than ever before. This time I kept his urine alkaline with lemon juice, administered while effervescing with bicarbonate of soda. I depended entirely upon the hypodermic syringe to give him rest, as nothing else seemed to produce the least effect, not even opium in large doses by the stomach. As a rule it required  $\frac{1}{2}$ gr. morphia night and morning, but frequently I was compelled to increase the dose to  $\frac{3}{4}$  and sometimes to 1 gr. at night, before the desired rest could be obtained. He remained in this condition about three weeks with the exception of remissions about every five or six days, the severity gradually lessening for about that period, when, all at once, the pains returned as severe as before.

During the fourth week, while upon the chamber, he had an attack of syncope and fell prostrate to the floor; from this condition he passed into a coma, from which he could be aroused when loudly spoken to,

but immediately closed his eyes again. I found him in this condition two hours afterwards; his heart was fluttering and intermittent; radial pulse almost imperceptible. I injected 1-20 gr. atropia, and in thirty minutes he was laughing and talking of his fall.

He is now (January 20th) attending to his drug store. I neglected to state that in all of his attacks his joints were wrapped in cotton wool and sometimes saturated in a liniment.

In this report I have curtailed my notes as much as I thought compatible with a full understanding of the case, and without making a lengthy recapitulation, I will call the attention of the reader to only a few points.

During the interim of his attacks he enjoys good health, his hypertrophied heart causing him no trouble whatever. On the contrary, it seems to be perfectly compensative, and since hypertrophy to be compensative must be in direct ratio with the increased resistance to the blood current, the resistance or obstruction in this case certainly is very great. At one time he presents all the symptoms of cerebral congestion from the blood being driven with such great force into the cerebral arteries, and notice here how rapidly and effectively arterial sedatives reduced the brain symptoms.

Again he presents all the symptoms of cerebral anemia with a weak and almost imperceptible pulse, which is so unusual with his hypertrophied heart. Digitalis, as a heart tonic, did not display the happy effect that was secured by the sedatives. There could have been no breaking down of the hypertrophy to cause this long weakening of the heart, because after remaining in this condition about fourteen days the impulse became as strong as before and has remained so.

His attack of syncope from a sudden exertion, with the fluttering and intermitting heart looked like heart failure, but why should there have been heart failure without degeneration of its walls? There has been no indications of degeneration since.

The almost magical effect of atropia is confirmatory of our first impression—that there was a threatening of heart failure.

It will be seen that salicylic acid did not prove a specific in this case, nor could it be said with certainty that the alkaline treatment exerted any great influence, for, according to the report of Bellevue and Kings College Hospitals, the mint water—in other words the placebo treatment—effects about the same results in these cases as do other modes. What then are we to do in these cases? Let the rheumatism alone, and treat the complications? Of course, we owe it to our patient to give him as much comfort as possible, and in my judgment nothing will do it like the hypodermic syringe, and we must not stop with the textbook doses, but increase the morphia till we find the amount that is necessary to give ease, even to the extent of 1 gr. if a less quantity does not accomplish this end.

### *A CASE OF IMPACTED FRACTURE OF THE FEMORAL NECK.*

BY A. F. KINNE, A.M., M.D., OF MICHIGAN.

The following case will serve at least to illustrate the point, that a fractured femoral neck may be so firmly impacted as to bear all the handling necessary to the making of a thorough diagnosis, and a good deal of rough shaking up besides, without being broken up or weakened.

Mrs. H. C., aged about 46, healthy, and in very good flesh without being corpulent, was alighting from a high "coal-box" buggy, at the door of a church, four miles from home, when, in some way, her feet become entangled in the skirts of her dress, and she was precipitated, head foremost, to the ground.

A little son, upon whom she was depending for assistance, was too small a boy for such a service; he managed, however, as well as he could, to keep her head from injury, and thus it came about that her hips came to the ground first and received the main shock of the fall. And when the bystanders who sprang to her aid had raised her to her feet again, it was found that the right hip was wholly disabled. She could not walk and she could bear no weight upon that foot.

Feeling sure, therefore, that her right hip had suffered a serious injury of some kind, she was lifted, under her own direction, up into the buggy again, and, in a sitting posture, the only one of which the vehicle admitted, conveyed back again to her own house. And there a messenger, driving more than twice as fast as she did, enabled me to meet her and get ready a fracture bed before she was taken from the buggy.

But the matter of immediate interest in such a case as this is not the diagnosis itself, but the *making* of it. For an impaction is a great advantage in the case of a broken hip. And if this condition should be found existing—and the circumstance of the accident pointed strongly towards the possibility of it—the greatest care should be taken to handle the limb, if possible, in such a way as not to disturb it.

Upon uncovering the feet I found the right leg short, say about half an inch, and the right foot everted, not much, but it certainly was turned outwards unnaturally. And the concurrence of these two deformities settled the point that the lesion in question was a fracture and not a dislocation. And just here was the point where the question must be settled, and by the sense of touch alone, whether the fracture was an impacted one or not. Were these deformities *permanent*, or could

the eversion and the shortening be easily made a little more or a little less?

By a careful comparison of the two limbs I satisfied myself that they were alike. One of the feet could be everted a little more than the other, and inverted a little less; but the sense of resistance was the same; they *felt* alike, and the fracture was therefore an impacted one.

But there is sometimes a way of testing a question that is already settled. Upon uncovering the hips I found the right one flattened, about the thickness of the hand, and upon rotating the limb it did not turn upon the axis of the femur; the trochanter flopped.

In the treatment of this case, I used a modified Desault's splint, making extension by means of Dixie's long strips of adhesive plaster, and counter extension with a perineal band—the indications being to support the limb and prevent the impaction from being disturbed by the action of their femoral muscles.

My objection to the action of a pulley and weight is that it never sleeps, while the muscles are perfectly quiescent the greater part of the time. It is, therefore, unnecessarily fatiguing and calculated to produce abrasions and consequent discomfort. And I think, moreover, that it is more likely to weaken and break up an impaction than the plan which I adopted. And especially is all this true if the surface of the bed is made to incline towards the head, so as to prevent the patient's body from gravitating towards the points of fracture and of perineal pressure.

I was greatly assisted in this case by the intelligent cooperation of the patient herself and of her husband. And in six weeks the disabled hip was strong enough to do without support, and my patient was permitted gradually to get upon her feet again and recover the use of her limbs.

About a year and a quarter have now elapsed since this accident happened, and the eversion and the shortening remain, apparently, just as they were when this case was taken in hand; the difference in the two foot heels is not more than half an inch, and but for some stiffness of the joint—not yet overcome—the patient thinks she could walk without a limp.

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#### TOPICAL USES OF ERGOT.

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In the American Journal of the Medical Sciences, July, 1879, Dr. Wm. B. Dabney mentions some local uses of ergot. He writes:

In cases of pterygium I have used it with decided benefit. A solution was applied three times a day, and the growth was checked thereby. In none of the cases where I have used it thus far has it exerted a curative action, but it is highly probable that if persisted in the blood-

vessels supplying the pterygium would become so much contracted as to cause an actual diminution in the size of the growth.

In pharyngitis I have obtained excellent results from the application of a solution of Squibb's solid extract of ergot to the throat; indeed on other remedy has given anything like such satisfactory results in my hands. Just as in ophthalmia, the remedy seems to act much better in chronic than in acute cases. It is especially applicable when the blood-vessels of the pharynx are enlarged and tortuous, and when the secretion is not very great. In those cases where the mucous membrane is thickened, it acts much more slowly, and in acute cases it possesses no advantages over other remedies. In affections of the pharynx, and in other cases to be mentioned hereafter, a combination of ergotine with tincture of iodine, as in the following formula, is especially efficacious :

R Ergotine..... gr. xx.  
Tinc. iodine..... fl 3j.  
Glycerine..... to make fl 3j. M.

To be applied to the pharynx freely, twice a day, with a camel's hair brush.

In hypertrophy of the tonsils, which is so often an accompaniment of chronic pharyngitis, the same solution applied to the glands two or three times a day gives excellent results.

It is probable that nasal catarrh would be benefitted by ergot, locally applied. The great trouble in these cases has been that remedies applied with the nasal douche have remained in contact with the congested Schneiderian membrane too short a time to do any good. About two years ago Dr. George Catti proposed the use of gelatine bougies, which were to be inserted through the anterior nares, and then allowed to soften and flow out by the posterior nares. These bougies could be medicated with any agent which it was thought desirable to use, and in a note appended to the translation of Catti's paper in the Virginia Medical Monthly I suggested the use of ergot in this way. I have never tried the bougies myself, however. In one case of catarrh, when the inflammation was seated near the posterior nares, I applied a solution of ergot and iodine by means of the post-nasal syringe, but the result of the treatment is not known. A solution of ergot in glycerine may also be applied to the nasal mucous membrane by means of a camel's-hair pencil, but I cannot say that I have had satisfactory results from any mode of application which I have tried thus far. If the medicine be applied to the Schneiderian membrane in any way, the iodine should not be added to the mixture at all, or else only in very small quantity.

It is unnecessary to say anything as to the use of this agent in hemorrhoids, as it is mentioned now in nearly all the text-books on therapeutics, and is in common use.

It seems almost needless, also, to say anything as to its use in metritis and endometritis. But, although it is mentioned now in nearly all the works on gynecology, its value does not seem to be recognized by the majority of general practitioners.

It appears to be especially applicable in cervical metritis. The manner in which it should be applied depends on the season of the year

and the temperature. When the weather is sufficiently cool suppositories are preferable, but in warm weather it is difficult to handle them and keep them from melting. The addition of extract of belladonna increases the efficacy of the ergot, and also tends to relieve any pain which may be present.

The following formula I have found serviceable :

R Ergotine (or solid extract of ergot)..... grs. xx.  
 Extract of belladonna ..... grs. ij.  
 Cocoa butter..... q. s. M.

Make into six suppositories, and insert into the vagina every night after using the hot douche.

In warm weather a solution of ergotine and extract of belladonna in glycerine and water may be used in place of the suppositories, as in the following formula :

R Ergotine (or Squibb's solid extr.)..... 5ss.  
 Extract of belladonna..... grs. vj.  
 Water and glycerine..... aa f3 iv. M.

A pledget of cotton is to be saturated with this solution, and inserted into the vagina at bed time after the hot douche. The cotton should, of course, be removed in the morning.

It has been proposed to paint a solution of ergot on the os and cervix with a camel's-hair pencil, and favorable reports of this mode of treatment have been published. So far as my own experience enables me to judge, those cases where there is a copious discharge of mucus or pus are much less amenable to treatment than others, and this is probably due to the fact that the medicine remains in contact with the diseased surface such a short time before it is washed off. And I would call attention just here to the advantages of glycerine over water as a vehicle when ergot is applied to mucous membranes where it is liable to be speedily washed off. The tenacious properties of glycerine keep the remedy longer in contact with the diseased surface, and in addition to this the glycerine itself is, as Dr. Marion Sims long ago pointed out, of decided value in reducing some of these chronic inflammatory engorgements.—*H. Y. Comp. of Med. Science.*

#### DESCRIPTION AND POST-MORTEM OF A CASE OF HODGKIN'S DISEASE.

The following interesting case of this curious disease is described by Dr. M. Charters in the Medical Press and Circular :

*Previous history.*—The patient, F. R., æt. sixteen, a tinsmith, was admitted into the Royal Infirmary on March 7th, 1879, having been recommended to my care by one of the physicians of Anderson's College Dispensary. His mother stated that about four years ago she first observed a swelling about the size of a marble below the right lobe of the ear. Two years afterwards a similar swelling appeared below the left lobe of the ear. About six months ago she noticed the thyroid gland swollen, and subsequent to this the glands in the armpit and left inguinal region were enlarged. Since these latter swellings began, the patient has been feeling weak, unable to work, and gradually becoming thinner. The other members of his family, four in all, were healthy.



*Condition of admission.*—The patient was observed to be a spare, thin, emaciated lad. His face was pale, and, on undressing, the veins of the chest and abdomen were markedly prominent. The glands below the lobes of both ears were swollen to the size of an egg. The other glands of the neck, and particularly those along the border of the sterno-mastoid, were also enlarged. The thyroid was also enlarged to a considerable extent, and so also were the axillary glands of both sides. It was noteworthy, however, that while the inguinal glands of the left side were increased in size, those of the right remained normal. The glandular swellings were movable, and were neither red, tender, nor painful. The percussion note of the left side of the chest was duller than the right, and crepitation was observed in the left infra-clavicular region. The cardiac sounds were normal.

The patient complained of pain on pressure both in the hepatic and splenic regions, but there was no abnormal dullness either of the liver or spleen. Blood drawn from the finger and placed under the microscope showed no increase of the white corpuscles. The latter fact, and the non-enlargement of the spleen, were, during life, the main elements for diagnosing the case to be not of leucocythæmia, but of lymphadenoma—the Hodgkin's disease of England, the œdema of Trousseau, the pseudo-leucæmia of some authors. It may also be mentioned that the urine was acid, of sp. gr. 1021, and was free then and during all the illness, from albumen.

For the first two days the patient could walk across the room, although his gait was tottering and uncertain. After that he preferred to keep to his bed, and preserved a listless attitude, rarely choosing to answer questions, and preferring simply to be still, and caring little for either food or drink. His temperature, which was carefully taken, indicated 99° or 100° Fahr. in the morning, while in the evening it rose to 103° or 104°. Copious perspirations followed even the slightest sleep. Gradually he became weaker. The difficulty of breathing increased, and he was unable to retain any food. For the last two days of his life he was delirious, and his lips and mouth were covered with sores.

At the morning visit of the 22d of March his face was flushed, the breathing was great, and he appeared as if he was choking. To give temporary relief to his distressing condition, Dr. Cameron performed tracheotomy. Twelve hours afterwards the patient died quietly.

Mr. Nelis' report of the *post mortem* examination is as follows :

Body spare and emaciated. Superficial glands very much enlarged in cervical, axillary and inguinal regions. On opening the chest the mediastinal glands are found to be very much enlarged.

*Lungs.*—The right lung was apparently normal, except at its base, where it has some swollen nodules of white tissue resembling lymphatic glands. In the apex of the left lung there are a number of patches of yellow, softening tubercle, and there is also a cavity about the size of a walnut, which contains a quantity of semi-fluid, whitish material. The rest of the lung tissue is congested.

*Spleen.*—Normal in size, rather pale in color. On section it presents a number of small, angular, whitish-yellow-looking bodies. There is a recent effusion of lymph around the hylus, and along the upper surface; and mixed up with this there is a small amount of blood.

*Liver*.—On section, presents a slightly yellowish, greasy, solid appearance, but is not otherwise abnormal.

*Kidneys* normal. Supra-renal bodies normal. Mesenteric glands everywhere enlarged.—*Half-Yearly Comp. of Med. Science.*

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### CASE OF MALIGNANT REMITTENT FEVER.

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BY D. L. MACKENZIE, L.R.C.P., ETC.

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The following case may be interesting in view of the late epidemic of yellow fever on the banks of the Mississippi, and its present prevalence at the French settlements of Dacca and Goree on this coast. It is a typical case of the severest form of malarious fever, of rare occurrence, and although very similar to yellow fever, can, I think, be readily distinguished from it. It is interesting, also, on account of the proximity of yellow fever to these parts, and because an epidemic of this disease usually appears on the West Coast of Africa every sixth or seventh year, as the epidemics of 1860, 1866 and 1873 testify, when fully one-half of the European residents succumbed to its ravages. In 1872 the epidemic, which in the following year visited Calabar, Bonny, and the other large rivers in this part of the coast, commenced in Senegambia and Sierra Leone, and it is feared that ere long the same track may be taken by the deadly scourge. So far, the settlements in this neighborhood have, with the exception of Lagos, been comparatively healthy; but in the latter place, during the month of April, May, June and July, nearly one-third of its entire European population died from fever and dysentery alone.

Thomas C—, aged 27, a Scotchman by birth, of delicate constitution, had, after considerable exposure to fatigue and malarious influences, complained of fever of an intermittent type for five days, accompanied by constipation of bowels and sleeplessness, which, on October 7th, culminated in a rigor of more than usual severity. He had frequently suffered from malarious fevers previously. Bowels had been freely opened by means of a simple enema. On visiting him I found the cold stage had given place to the hot. He was suffering from high fever. The pulse was rapid (130), weak and compressible; temperature 105°; skin hot and dry, of a bright-yellow hue all over the body. There was great precordial oppression, with nausea and vomiting of blood. The urine also contained blood, and the same material was passed in large quantity by the bowels. The liver and spleen were tender on heavy pressure, but not painful; they were slightly enlarged, probably no more so than in an ordinary case of uncomplicated remittent. There was no headache, but great restlessness prevailed; tongue dry and covered with a brown fur; thirst intense. Seeing that hemorrhage was the most serious symptom, I administered gallic acid in fifteen-grain doses, repeated every four hours; cold was applied to the head, and enemata of beef-tea and port-wine were also administered; champagne and occasionally diluted lime-water were allowed.

*Evening.* All bleeding stopped. Patient very hot and restless; vomiting of bile very distressing; bowels repeatedly open; stools bilious; nausea and oppression at the epigastrium very severe; no pain com-

plained of anywhere except in the small of the back; thirst intense; effervescing draughts, with chloroform were ordered to be given at short intervals. A sinapism was applied to the epigastrium, and the injections to be given every hour.

*October 10th.*—Patient much exhausted. Pulse very weak and rapid; temperature nearly  $106^{\circ}$ ; tongue dry and brown; vomiting and thirst urgent; urine dark-colored, containing blood and bile; stools and matters vomited also containing large quantities of bile; the yellow tinge of skin if anything brighter than yesterday. Brandy was substituted for port wine in the enemata, and fifteen grains of sulphate of quinine were ordered to be added to three of these during the course of the day.

*11th.*—Patient much the same. Restlessness, with vomiting and dry hot skin, as severe as ever; temperature and pulse unreduced; secretions much the same, excepting the urine, which contained no blood or albumen. Hydrocyanic acid, with bismuth, were substituted for chloroform in the effervescing draughts, and as no sleep had been obtained, a solution containing half a grain of acetate of morphia was subcutaneously injected. The enemata were well retained.

*12th.*—Slight improvement observable, although the vomiting and uneasiness at the epigastrium, with thirst and undiminished fever, still continue. Quietness, if not a little sleep, has been obtained by the effect of the morphia, which was repeated to-day, and again in the evening. Chloroform being more effectual than hydrocyanic acid in the draughts, was again resorted to. The injections with quinine continued.

*13th.*—The vomiting, now freely bilious, is at times replaced by retching. Pulse 120, of slightly greater strength; temperature  $103^{\circ}$ . Same treatment, with cold sponging, pursued.

*14th.*—Profuse perspiration has at length taken place. The favorable change, being more marked than yesterday, is now visible to patient's attendants. The skin is more natural in color, and retching less distressing. Cinchonism is present. Pulse 100; temperature  $100^{\circ}$ .

*15th.*—To-day, for the first time, a small quantity of beef-tea has been retained, and considerable improvement in the condition of the patient is noted. Injections, with quinine in slightly diminished quantity, continued.

*16th.*—Food in the form of beef-tea and chicken-soup has been repeatedly taken yesterday and to-day. Temperature now normal; skin moist, and no sign of a recurrence of the hot stage.

*17th.*—Injections now limited to one per day, and that more as a vehicle for quinine than for the purposes of nutrition, the stomach being still incapable of receiving irritative substances.

*19th.*—Convalescence being now fairly established, quinine was omitted. Strength daily on the increase. Very little sleep is, however, yet obtained; so a trial of bromide of potassium was made to-day.

*21st.*—Enemata now discontinued. None but liquid foods, however, yet given. Convalescence appearing to be very tardy, a tonic of iron and quinine was to-day commenced.

*24th.*—Health is being gradually attained, and a trial of solid food has been to-day made. Sight, which has been hitherto very dim, is now nearly natural.

28th.—Progress being slow, I have to-day ordered my patient to proceed for change to a station some two miles distant.

*November 4th.*—Great benefit has been derived from the change, my patient being now in his normal state of health.

The case speaks for itself. To me the points of difference between it and yellow fever consist in the absence of albumen in the urine after hemorrhage had ceased, the absence of serious cerebral mischief, the absence also of the severe pain in the back so much insisted on by some authors, American and French, as being symptomatic of yellow fever, and the fact of its being so comparatively amenable to quinine. The similarity to yellow fever cannot be doubted. It is the nearest approach to it, excepting the 1873 epidemic, I have seen in nearly nine years' practice in Western Africa, and recovery from such malignant attacks must be rare indeed.—*London Lancet.*

### SIGNS OF DEATH BY DROWNING.

In the *Annales d'Hygiene et de Medecine Legale*, Drs. Bergeron and Montano give the following signs as establishing death by drowning :

1. The presence of frothy foam, not only in the pharynx and the larynx, but also in the bronchi, is the constant sign of death by submersion, whether syncope or asphyxia predominated in the mode of death, and whether the individual was free in his movements or was thrown into the water after having been made insensible by opium or chloroform, or was partly suffocated, or was fettered in his action. This absolute constancy of the presence of foam, whatever the special condition in which the submersion occurred, is, in the opinion of the authors, the single sure uniform sign proving death by drowning.

2. There is always a certain degree of congestion, and sometimes sub-pleural ecchymoses are seen ; but these ecchymoses, which give the lungs a spotted or speckled look, are unlike the punctate ecchymoses of suffocation.

3. The intensity of hyperæmia and the extent of the ecchymoses are always in proportion to the efforts of the animal while struggling against submersion. It is the same also with the human subject, as has been verified in all necropsies made by the authors at the morgue in Paris during the last ten years. This fact permits one at a necropsy to learn concerning what passed in the last moments of life, to know whether or not the individual struggled long and vigorously during the act of drowning.—*Med. Reporter.*

### ACTION OF DUBOISIA AND ATROPIA.

Dr. Sidney Ringer, in the *Practitioner*, says :

"Duboisia possesses the same properties as atropia, but is far more powerful than atropia. Mr. Tweedy found this to be the case in regard to the local application to the eye. But while duboisia is far more powerful than atropia on man, the reverse is the case in respect to frogs. Atropia paralyzes far more powerfully the motor nervous system, the heart and respirations, in frogs, than duboisia."

## ABSTRACTS AND GLEANINGS.

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**Nasal Catarrh.**—In a discussion on a paper read by Dr. Sterling in the society of the county of Kings, Brooklyn, Dr. S. Sherwell said he did not believe that naso-pharyngeal catarrh had ever caused a case of tuberculosis—at least he had never seen one. He agreed with the reader, however, that it will help to produce phthisis; but not that naso-pharyngeal catarrh is an essential factor in its production, or that it leads directly to phthisis. He did not think it is so claimed by any laryngologist, and certainly they ought to know something about it.

Dr. J. H. H. Burge referred to the statement that a vast majority of cases of this class are in the hands of quacks. It reminded him that one of the most active ingredients in one of the most popular nostrums for the cure of this disease is salicylic acid. He had no doubt but that its influence on the disease was good. He had tried it himself with benefit.

Dr. Sherwell was of the opinion that the chief nostrum of this character contained principally nitrate of silver.

Dr. Burge thought not—at least the nostrum to which he referred contained none. He could readily distinguish between salicylic acid and nitrate of silver. The skin about the nose was not turned black by the action of light.

Dr. W. H. Bennett fully agreed with the author of this paper as regards the influence of dust in the production of naso-pharyngeal catarrh and phthisis. He referred not to tuberculosis, but to catarrhal and fibroid phthisis. In the year 1872 he called the attention of the profession to the influence of street dust in the production of disease. In making laryngoscopical examinations he had noticed dust on the surface of ulcers in the larynx and trachea forty-eight hours after exposure. He had noticed the same circumstance in regard to the vomer, when making rhinoscopic examinations. There can be no doubt of the fact that dust caused catarrhal and fibroid phthisis. Catarrh affects the lungs in those persons suffering therefrom who breathe the air which passes over putrescent nasal secretions, and they must necessarily experience the evil result. The speaker had experimented on the subject of dust as a causation of disease. He had confined animals in a room in which particles of dust were caused to float in the air, and none lived beyond twelve months. It seemed to him that catarrh might be divided into different varieties. 1st. That variety in which there is an abundance of secretion. 2d. A variety in which there is scarcely any secretion; there appears to be simply a cell proliferation; and 3d. A variety in which the glandular apparatus is more or less involved. Almost all cases of chronic catarrh become, sooner or later, cases of proliferous disease, the secretion becomes diminished, and then hypertrophy of the infiltrated cells appears. In regard to the treatment, he had only to say that, in his estimation, it is a subject which demands more attention than it ordinarily receives.

Dr. A. Mathewson: The treatment of the air passages consists largely in the treatment of the pharynx. He did not accomplish very much if he did not take this fact into consideration. Fully 75 per cent.

of catarrhal cases involve the pharynx. As a practical point, in the application of fluid remedies to these parts, it is well to direct the patient not to blow the nose, or cough, for a short time after the application. Cases are quite common in which severe irritation or inflammation of the middle ear results, the fluid being forced up through the eustachian tube by the expulsive efforts above referred to. Even snuffing so simple a mixture as salt and water is sometimes quite as bad as blowing the nose. He is always very careful, after applying a fluid, to direct the patient to wait some time before blowing the nose.

Dr. E. R. Squibb referred to experiments now being made in France with dust, the object being chiefly to discover bacteria. So far as he knew, bacteria are not found in nasal and buccal secretions. A nice way to filter the air is to fasten a piece of dampened sponge before the nostrils. A person using this apparatus (which is largely used in pharmaceutical manufactories, while working in substances of a more or less dangerous nature, such as aconite root, and the like) will find an abundant collection of dust on the sponge, for the reticulation of the sponge is very great, and will prevent dust from entering the air passages about as effectually as almost any substance.

Dr. J. Walker spoke of overheated houses as a prolific source of catarrh. Persons thus overheated will incautiously expose themselves to a colder temperature. A very common cause of catarrh is the dust which arises from and through old, dusty, rusty furnace flues. Rusty furnaces, becoming so through the summer, are especially bad in this regard. Then, again, the air chambers of furnaces do not, in all cases, communicate with the open air. They open into the cellar, and take up the unhealthy air of cellars, with all its odors and poisons, as, for instance, from decayed vegetation and the like. He had in his mind a case where the air chamber of a furnace was two or three feet from the wall. The speaker knew of a row of houses built upon the same plan—which is a dangerous one, and ought to be remedied.

The Chair said Dr. T. R. French refers, in a note, to the use of the Thudicum douche in the treatment of catarrh. He says: "I have used the douche in the treatment of chronic nasal catarrh and eczema in 165 cases, and have yet to see the first case of middle ear trouble, such as Dr. Roosa and other ear men tell us is apt to follow the use of this instrument. This I attribute largely to the care taken in directing the patient in its use. If care is not taken by the physician in directing, and by the patient in using the douche, I can understand how injury might be done to the ear. I use the Thudicum douche in my hospital clinic only; for, when my patients can afford it, I am in the habit of employing a spray douche, which has many advantages over the Thudicum douche." He asked Dr. Mathewson to state whether there was any greater danger in the use of this than other moist applications.

Dr. Mathewson thought there was. He had reported several cases in connection with Dr. Roosa, where serious middle ear troubles had resulted from the use of the douche. One or two of these cases were physicians, who would be supposed to exercise great care in its use. One physician, who had taken part in a discussion of this subject, used the douche afterwards, but troubles of the middle ear was the consequence. So many cases have occurred in his practice, that his con-

victions are stronger and stronger that there is danger in the use of fluid applications if the patient blows the nose too soon after the operation. This is in consequence of the peculiar anatomical arrangement of the nasal air passages. The spray is not so apt to produce bad results. It would not be likely to send a current into the middle ear; or if it did, fluids in the form of spray are not so dangerous as otherwise.—*Proc. of Med. Soc. of the county of Kings.*

**Recent Decisions.**—The following are notes of decisions by the courts concerning matters of medico-legal interest:

1. In the trial of a man indicted for rape, the complainant testified that the defendant and some others seized her on the street at night and carried her into an alley-way, where he and the others ravished her. There was a verdict of guilty, and the defendant moved for a new trial. The defendant requested the court to charge the jury that, to constitute the crime of rape, it was necessary that the prosecutrix should have manifested the utmost reluctance, and should have made the utmost resistance. The court did not comply with this request, and the refusal to do so was made the ground for asking a new trial. The importance of resistance was held by the supreme court of appeals, before which the motion came, to show two elements in the crime: carnal knowledge by force by one of the parties and non-consent thereto by the other; and the jury must be satisfied of the existence of these two elements in every case, by the resistance of the complainant if she had the use of her faculties and physical powers at the time, and was not prevented by terror or the exhibition of brutal force. So far, resistance by the complainant is important and necessary; but to make the crime hinge on the uttermost exertion the woman were capable of making would be a reproach to the law as well as to common sense. Such a test it would be exceedingly difficult, if not impossible, to apply in a given case. If the failure to make extreme resistance was intentional, in order that the assailant might accomplish his purpose, it would show consent; but without such intent it shows nothing important whatever. A new trial was not granted.

2. A man murdered a woman by shooting her; his defense was that he was intoxicated, and thus irresponsible. The case came before the Nebraska supreme court on exceptions filed by the defendant. The court reaffirmed the principle, now tolerably well established, that "settled insanity, produced by intoxication, affects the responsibility in the same way as insanity produced by any other cause; but insanity immediately produced by intoxication does not destroy responsibility when the patient, when sane and responsible, made himself voluntarily intoxicated."

In the same case, it was held that the fact that the prisoner was in a drunken state when he committed the homicide does not itself render the act of shooting the deceased any the less criminal, nor is it available as an excuse.

3. A midwife volunteered to cure an attack of ophthalmia in the infant at whose birth she assisted, and whom she was nursing. She advised the parents that it was unnecessary to call in a physician, as she had successfully treated similar cases. The sight of the child was destroyed. The mother of the child brought an action to recover dam-

ages. At the trial there was medical evidence that if other and more active remedies had been used loss of sight would not have resulted. The midwife did not pretend to know of these remedies.

The case was carried from the superior to the supreme court on exceptions, the lower tribunal having dismissed the suit with a verdict for the midwife, without giving the case to the jury. The supreme court confirmed this disposition of the action, on the ground that a person who without special qualifications volunteers to attend the sick can at the most be required to exercise the skill and diligence usually bestowed by persons of like qualifications under like circumstances. Under the rule requiring ordinary care, as applied to this case, the court saw no evidence of neglect in any degree. [That is to say, the midwife showed no greater skill than she pretended to possess,—a safe harbor for incompetency.]

4. The liability of hospitals for the consequences of the acts of their visiting physicians and surgeons on duty has recently been tested anew in a case in New York, and the principle is reaffirmed that if such institutions have exercised due diligence in securing skillful and careful medical men to treat their patients, they cannot be held accountable for alleged malpractice on the part of those medical officers.

One of the surgeons of the Manhattan Eye and Ear hospital, after consultation with both his colleagues, advised and performed an operation for chronic glaucoma. The necessity of an operation was agreed to by the three consultants, and there was no accident during its progress. Two weeks later the patient left the hospital with vision exactly the same as when she entered. In a few days after her discharge, inflammation developed, and she returned to the hospital for treatment. Another operation was advised, and the patient consented to its partial performance. The operation had no permanent beneficial effect, and the woman became blind. She brought a suit against the hospital for fifty thousand dollars for the loss of her sight. The trial took place before the New York supreme court, Judge Lawrence presiding. After a full hearing of the testimony, in which, on the part of the hospital, it was shown among other things that no complaint was made at the time of the alleged injury to the surgeons or to any of the hospital authorities concerning the surgical treatment; that the surgeons were men of preeminent skill in their profession, and had pursued the usual methods of diagnosing and treating chronic glaucoma—a disease which almost invariably ends in blindness—the judge dismissed the complaint without giving the case to the jury. This decision in favor of the hospital rested on and reaffirmed the principles set forth in a judgment rendered by the supreme court of Massachusetts in a similar case, the essential points being that the Manhattan Eye and Ear Hospital was a charitable institution which, having exercised due care in the selection of its agents, was not liable for any injuries to a patient caused by their negligence; that, in the present instance, there was no proof that there had been any negligence whatever on the part of the surgeons, who were shown to be men of superior skill, and to have exercised their skill with proper caution.—*Boston Med. and Sur. Journal*.

**Salicin and Salicylic Acid in Acute Rheumatism.**—It is a fact that salicylic acid and salicylate of soda not unfrequently give rise



to considerable and even alarming depression. Such an untoward effect is not produced by salicin. From a therapeutic point of view this is one of the most important points of difference between the two remedies. In a disease, such as acute rheumatism, in which the heart is apt to be involved, the absence of this tendency to cause depression points out salicin as a much safer remedy than salicylic acid. Its superiority in this respect is specially referred to by Senator, who, curiously, does not seem to see that the fact to which he directs attention is a strong argument against his view that salicin owes its therapeutic virtues to its being converted into salicylic acid in the system.

Of the depressing action of salicylic acid many instances are recorded. Several have come under my own notice. The following is of value as the unbiased evidence of an intelligent, well informed medical man, founded on his own experience of the two drugs. My friend and then neighbor, Dr. Sinclair, of Dundee, now physician to the infirmary of that town, suffered from an attack of subacute rheumatism last December. Before I saw him he had been taking salicylate of soda in twenty-grain doses with relief to the pain; but it so depressed him, and made him feel so wretched, that he said he could not go on with it. I recommended salicin instead. He took it in even larger doses than the salicylate, with speedy relief to his rheumatism and without any untoward effect. On the contrary, he seemed, under its influence, to regain strength and appetite, and was soon quite well.

The following is his own statement, given with his permission :

“Both drugs relieved the pain, tenderness and swelling, when taken in full doses frequently repeated. But the salicylate, which I employed first, produced some very unpleasant effects. The taste I found to be disagreeably sweet and nauseous. After taking several twenty-grain doses, a copious perspiration was produced; the strength of the pulse was very distinctly diminished, while its frequency was increased; and a feeling of most uncomfortable depression, with singing in the ears, ensued. Indeed, I hardly knew whether the disease or the remedy was preferable. Salicin, on the other hand, has a pleasantly bitter taste; it improved the tone of my pulse and digestion, and relieved the pains more rapidly. Neither drug gave any relief except when taken in twenty or thirty-grain doses every hour for from six to twelve consecutive hours. It may be said that, had I taken smaller or less frequently repeated doses of the salicylate, I might have escaped all the disagreeable effects except the taste—itsself no small matter. But such doses produced no effect on my rheumatism. To my mind one of the great merits of salicin is the absolute safety with which large doses can be taken. In the course of one period of twenty-four hours I swallowed an ounce of it with nothing but benefit.”

I have seen salicylate of soda produce very alarming depression, closely resembling that of the typhoid state. Not long ago I saw in consultation a case in which it was a question whether the fatal result was not due to the depressing action of the salicylate. By some this effect has been attributed to the presence of carbolic acid, consequent on faulty preparation. Such an explanation may have been applicable to some cases, but is not so to all. I have more than once seen marked depression produced by a solution of salicylate of soda in which no trace of such impurity could be found, and which was given to another

patient without causing any unpleasant effect. The worst effects that I have ever seen follow the administration of large doses of salicin are a sense of fullness in the head and singing in the ears; such symptoms are commonly produced by large doses of quinine.—*London Lancet*.

**Tracheotomy in Croup.**—Steiner, a recent contributor, writes “as to the time when tracheotomy is to be performed, I agree with those who urge an early operation, and do not defer it until urgent symptoms of carbonic acid poisoning have manifested themselves.” “The beginning of the third stage—when remissions in the paroxysms of dyspnoea begin to grow less frequent—is the proper one for the operation.” Hardy and Beheir say, operate when the symptoms indicate extension of the false membrane. Gross, Ollivier, Trousseau, Bryant, Neimeyer, Roberts, Aitken, Agnew, Packard, all advocate early operation. Pilcher expresses himself, “justice to my patient, justice to myself, fidelity to the profession I represent, all unite in demanding that now, early, before the development of conditions which will make any interference but a forlorn hope, tracheotomy should be done.” Age for operating.—Tables show between 7 and 8 years as the best period, then comes 6 to 7 years, then again, between 3 and 5 years, operations under 2 years promising the fewest chances. In a table of 32 operations under 2 years there were 5 cures and 27 deaths.

*Remarks.*—It has been shown that this collection embodies eight hundred and sixty-three operations, with six hundred and eighty-five deaths and one hundred and seventy-eight recoveries, making the proportion of cures as one to every four and three-fourths cases; but the proportion of deaths is unnecessarily increased by forty cases which should be excluded, since death in them was attended by such complications that their exclusion from the list seems warrantable. The complications of which I speak are, namely: Death by anæsthetics 3; moribund at operation 21; death from scarlatinal poison 4, from choking of a home-made tube 1, from carelessness of the nurse—letting canula become displaced—3, from tube getting plugged through carelessness of the nurse 2, from erysipelas 1, from outside complication 4, and from convulsions due to indigestible food 1.

This makes the proportion as one hundred and seventy-eight cures to eight hundred and twenty-three operations (one in a little over four), instead of one hundred and seventy-eight recoveries to eight hundred and sixty-three tracheotomies; which I regard as the correct average of success.

Again, an estimation of the recoveries, in proportion to the operations performed, between the Northern and Southern States was made, but only negative results were obtained on account of the insufficient data—the proportion of cures being nearly equal in the two sections.

From this somewhat hurried analysis of these statistics, with the generally received opinions on the subject of tracheotomy, the annexed conclusions are deducible.

*First.*—That tracheotomy is *per se* almost devoid of danger;

*Second.*—That fatal hemorrhage should almost never occur; and care with coolness will nearly always prevent apnoea from intra-tracheal bleeding;

*Third.*—That age offers no contra-indications, although the average of success is less in early infancy and adult life ;

*Fourth.*—That early operative interference—whenever the paroxysms of dyspnœa become at all lengthened—is demanded, since delay only adds to the suffering of the patient, and materially lessens the chances of recovery ; and

*Fifth.*—That the after attention is of prime importance ; careful attention to the wound, proper treatment of the disease, and proper nursing with fair hygienic surroundings, being the essentials to a successful issue.—*Gaillard's Med. Journal.*

**Irritative Cough from Elongated Uvula—Operation.**—This child, about seven years of age, presents an illustration of a persistent dry cough without any pulmonary disorder. The explanation, however, is at once apparent upon directing our attention to the throat. An elongated uvula rests on the base of the tongue, and constantly titillates the entrance of his larynx, thus setting up spasmodic cough. From debility of the parts, which is generally accompanied by more or less inflammation or chronic sore throat, the soft palate becomes relaxed, and the uvula drops down upon the tongue ; or the uvula itself may be hypertrophied and elongated, as in the present case. This condition is most likely to be set up in young subjects, although it may occur at any time of life, and is often found associated with a strumous diathesis and a delicate constitution.

This apparently trifling affection may produce considerable inconvenience. Hawking, coughing, constant irritation, sense of strangulation during sleep, and nightmare, are among the immediate results ; among the later ones may be feared the occurrence of tubercular deposits in the lungs.

If the disorder be due simply to a relaxation of the soft palate, which often occurs in consumptives and dyspeptics, the use of astringent gargles and applications—among the best of which may be named nitrate of silver solution, gr. xx to gr. xxx, applied with a swab twice a week—may be followed by relief from the symptoms. But when there is a marked hypertrophic elongation of the uvula, the proper remedy is the removal of a considerable portion of the organ, which is readily accomplished with the scissors. For this little operation no chloroform will be needed, except where the patient refuses to co-operate with the surgeon. Sometimes in young children much trouble is experienced from their active struggling, and then the operation is greatly facilitated by a little of the anæsthetic.

I have now performed the operation upon this young lad, and would have accomplished it more satisfactorily if he had not resisted me. No hæmorrhage will occur after gargling with a little cold water or vinegar and water. I shall insist upon the importance after this operation of his using a liquid diet for a few days, and of being careful not to catch cold.

*Remarks upon Chloroform.*—In regard to the administration of the anæsthetic, you should not forget that chloroform should never be given with the patient in an erect, nor even in a semi-recumbent posture. Owing to the tendency to syncope and heart-failure, the head should not even be raised from the pillow, nor the neck bent. Of course you

would not give chloroform nor any anæsthetic immediately after a full meal, on account of the danger of incomplete vomiting and strangulation. No food should be given for at least four hours before the administration of chloroform. The assistant in charge of the anæsthetic should devote his entire attention to watching its effects upon the patient, and should not look at what the surgeon is doing. The administration must not be hurried; chloroform must not be crowded, but given deliberately and with plenty of atmospheric air. In regard to the amount necessary to be used, in the case of an infant, you have noticed that only a few drops are placed upon the centre of a folded towel, in the manner in which you have frequently seen it done by my experienced assistant, Dr. Hearn; for an adult the amount may be increased to half a drachm at first, to which a few drops are added from time to time to supply the loss by evaporation. The clothing must be loose about the chest and the abdomen during the administration. Should a change be noticed in the pulse or appearance of the patient, the chloroform must be at once removed and the patient turned upon his side, the tongue drawn forward and the face dashed with cold water; and the chest, or, in the case of a child, the nates, well wiped with a fringed towel wet with ice-water. If the patient does not revive, the foot of the table may be elevated so as to allow the head to hang down, or the patient may be lifted by the heels, or "inverted," while artificial respiration is attempted. The vapor of nitrate of amyl, or spirits of ammonia, may be cautiously given, which sometimes has a remarkable effect.

With care in administration a fatal result may generally be averted, especially if the tendency to syncope be borne in mind, and prompt measures taken to overcome it. By pursuing the methods just laid down, I have successfully administered chloroform in probably more than five thousand cases without a single fatal result. Chloroform should be administered with especial care to habitual drinkers, and to those who are the subjects of heart or kidney disease. It seems to be particularly applicable to young and middle-aged persons. In strong adults, it occasionally happens that we cannot make them unconscious with ether, and we are obliged to give them a small amount of chloroform in addition.

Although chloroform does not commonly cause vomiting, and is much more pleasant and efficient than ether, I do not now use it as frequently as formerly, but have yielded my preference in deference to popular opinion, which at present holds the surgeon responsible if any accident should happen. I therefore employ the safer but less agreeable agent to a very great extent, as a substitute for chloroform.—*Prof. Gross in Jeff. Med. Coll.*

**Forgetting Personal Identity.**—Observation has demonstrated that portions of the brain may be injured or paralyzed, and some quality or function of the mind affected, while in other respects the person may be perfectly sound. Phrenologists explain this by the hypothesis that those portions indicated by certain "bumps" if injured would correspondingly control the acts of the individual. I am inclined to believe that this theory contains a good deal of truth.

An example came recently under my notice illustrating a derange-

ment of mind in one particular, whereas in other respects the condition of the person was perfectly sound, mentally and physically. He is 35 years old, a watchmaker by trade, and an old resident of Cleveland. He has always enjoyed good health, is bright and active intellectually, an original mechanical genius in his way, of strict business integrity—in short, one of our best citizens. Almost a year ago he suddenly disappeared. Search proved unavailing. The river and harbor were dragged, but no trace or tidings ensued. His business was in excellent condition; domestic matters were unusually agreeable. No cause could be assigned for his extraordinary absence, except violence or self-destruction.

Six months had elapsed when his family first obtained a clue to his movements. He had a child, a daughter six years of age, whom he loved with a most ardent affection. A note was received by her, brief, without date or other index to show his identity; even the post-mark was a blotch of ink that precluded every hope of ascertaining the place of mailing. The missive simply "congratulated her upon her approaching birthday, and regretted that he had no presents to send her." There was no signature, though the address to her name, number and street, city, county and state, was properly made and without inaccuracy.

Hope was revived that he was alive somewhere. By means of extensive advertising, the missing man was at length discovered in one of the western counties of Ohio, an inmate of a public institution. He had come thither, having left Cleveland by a night train and riding ninety miles. Leaving the cars he repaired to the nearest hotel. In reply to inquiries, he stated that he had lost the knowledge of his own identity; he could not tell his name, or whence he came, nor how he came thither; that he had no recollections as to where he lived, nor of his family, if he had any. He seemed to be in a lost state of mind and full of anxiety—all appeared strange to him. From his gentlemanly appearance the landlord kindly kept him a few days. One evening he attended a temperance lecture and became somewhat excited—he rushed forth into a neighboring saloon and smashed in the windows, and tore around generally, was arrested, and the court sentenced him to the county infirmary. On political questions of the day, or business matters generally, he would converse rationally and intelligently, no one suspecting the least trouble with his faculties. While in the infirmary he would dismantle a watch or clock, inspect its parts minutely, clean them and put them all together again with the utmost nicety and precision. But for the entire year that he was there he never uttered his own name, or gave any idea of his residence or identity.

When at last a most intimate friend called to take him home to his family and friends he seemed strangely puzzled. He could not recognize the name; said he had never before heard it. When his wife's name was mentioned he could not think who it was, and said he had no knowledge of anything that had passed, and did not know he came there.

Upon arriving at home he recognized no one, and could not mention the name of a single individual. He would go about the streets and into stores and frequented places with as much regularity and system as ever. But his skill in *dissecting* a watch, and repairing, seems to be

heightened, and his sense of touch and accuracy in adjusting its parts seems to have acquired a most wonderful and miraculous perfection. Can any one of my scientific brothers of the profession inform me satisfactorily what portion of the brain must be diseased to produce such a state of mind as I have above related?—*Dr. A. G. Springsteen in Med. Tribune.*

**Intra-Uterine Medication.**—Dr. Lombe Atthill, in British Medical Journal, says, that when dealing with cases exhibiting symptoms of intra-uterine diseases, he invariably directs his treatment to the diseased surface. The symptoms are :

1. Derangements of the menstrual functions.
2. Uterine catarrh.
3. Pain, specially if caused by the passage of the uterine sound.

Fluids should never be introduced into the cavity of the uterus unless the cervix be first freely dilated ; the treatment is in any case unsafe and objectionable. Ointments are difficult of application and inefficient ; so are powders.

Dr. Atthill uses the following agents only : carbolic acid, tincture of iodine, iodized phenol, nitric acid solid nitrate of silver, zinc points, crayons of iodoform. In using carbolic acid, the probe by means of which the agent is carried to the fundus must be passed up twice, for much of the acid with which the cotton is charged is neutralized as it passes through the cervical canal the first time. The second application gives more pain than the first, but this soon dies away, as the acid is a local anæsthetic.

The preparation used is composed of two parts carbolic acid and one part spirits or glycerine. It should usually be applied every three or four days for some weeks. Iodine is dirty and mal-odorous, but sometimes useful as an alternative. Dr. Atthill uses iodized phenol (iodine one part, crystallized carbolic acid two parts ; mix and combine with gentle heat). Diluted, it is an efficient escharotic, and useful in chronic endomyelitis of old women, in whom a fetid discharge frequently occurs. Nitric acid should only be employed in severe cases. It is very efficient. The patient should be kept quiet a day or longer after the application. It should never be applied except at the patient's house. A canula should be used when it is applied to the interior of the uterus, to protect the cervix, which may otherwise contract subsequently. Solid nitrate of silver and zinc points are useful, but sometimes cause cellulitis. They are most useful when menorrhagia occurs, the os and cervical canal being patulous, but the uterus not much enlarged, and when the hemorrhage is thought to be due to a vascular condition of the intra-uterine mucous membrane, rather than to the existence of a thickened and granular condition of its surface. They should not be used if copious uterine catarrh be present. Iodoform sometimes allays pain, but is uncertain in its action, and has little, if any, effect as a caustic.—*Med. Times.*

**Hiccough.**—In order to relieve hiccough, inflate the lungs as fully as possible, and thus press firmly and steadily upon the agitated diaphragm. In a few seconds the spasmodic action of that muscle will cease.—*Chicago Med. Journal and Exam.*

**New Treatment of Placenta Previa by Ferri Persulphatis.**—Dr. R. J. Nunn, of Savannah, Ga., reports a successful case in the American Journal of Obstetrics. He used it as follows: I found the pains had entirely ceased, the vagina was filled with clots, the os dilated sufficiently to admit the finger, by which the placenta could be easily detected, and the warm blood could be distinctly felt flowing through the os. Cleaning out the clots, a speculum was introduced, and the liquor ferri persulphatis was applied to the bleeding surface by means of a cotton swab passed through the os. The hemorrhage ceased instantly and absolutely, and the speculum was retained in place about fifteen minutes to see that bleeding did not recur. Stimulants and ergot were then given freely, and a pledget of cotton saturated with the styptic was left in the os, and sustained in place by a very slight tampon of cotton, merely sufficient for that purpose. The liquor amnii had been very slowly discharging for a couple of days. Labor recommenced in about an hour. Up to 6 a. m. no blood was lost, but at this time, during an effort to rise, the tampon dropped out, and with it about an ounce of fresh blood, but no clots. A speculum examination showed the os dilated about one-half, the placenta covering the orifice was now plainly visible, and the blood was flowing from the left margin. The iron solution was again applied, which stopped the bleeding instantly, and hence it was thought unnecessary to use the pledget. At 7:15 the hemorrhage recommenced, but was instantly controlled as before. All this time labor was going on satisfactorily. At 8:20 the patient got out of bed to have an evacuation, when, during a severe pain, the placenta was expelled, followed shortly after by the foetus, which was dead, and apparently had been for several hours. The subsequent history of the case has in it nothing worthy of note.—*Toledo Med. Journal.*

**Pulsatilla for Dysmenorrhea.**—Pulsatilla is rapidly growing in favor with many practitioners. Though a very old remedy, having been known to Dioscorides and Pliny, it fell into disuse, if not into disrepute, and was not reinstated till about the beginning of the present century. I have used pulsatilla mainly in simple dysmenorrhœa, and here it has doubtless proved of decided utility.

The tincture of pulsatilla should be made from the fresh plant, and given with caution. The dose is from three to ten drops.—*Toledo Med. Journal.*

**Remedies for Hypodermic Use.**—Recent clinical reports show that the equivalent of fifteen grains of hydrobromate of quinia can be used for hypodermic injection without producing local irritation or abscesses. Baltimore physicians are using this remedy extensively by the hypodermic method.

The orthopnœa of asthma will be relieved in a surprisingly short time by the hypodermic injection of one-tenth of a grain of apomorphia.—*Journal of Materia Medica.*

**Failure of the Audiphone.**—Tests of the audiphone as applied by Messrs. Sharp and Smith, of Chicago, have failed in every one of 150 successive cases of deafness. The use of the instrument was attended by no benefit whatever.—*Journal of Mat. Med.*

**Milk and Lime-Water.**—Milk and lime-water are now frequently prescribed by physicians in cases of dyspepsia and weakness of the stomach, and in some cases are said to prove very beneficial. Many persons who think good bread and milk a great luxury, frequently hesitate to eat it for the reason that the milk will not digest readily: sourness of stomach will often follow. But experience proves that lime-water and milk are not only food and medicine at an early period of life, but also at a later, when, as in the case of infants, the functions of digestion and assimilation are feeble and easily perverted. A stomach taxed by gluttony, irritated by improper food, inflamed by alcohol, enfeebled by disease, or otherwise unfitted for its duties—as is shown by the various symptoms attendant upon indigestion, dyspepsia, diarrhoea, dysentery and fever—will resume its work, and do it energetically, on an exclusive diet of bread and milk and lime-water. A goblet of cow's milk may have four tablespoonfuls of lime-water added to it with good effect. The way to make lime-water is simply to procure a few lumps of unslacked lime, put the lime in a stone jar, add water until the lime is slacked and of about the consistence of thin cream; the lime settles, leaving the pure and clean lime-water on the top.—*Journal of Mat. Med.*

**Poisons and Antidotes.**—In an interesting article on this subject, by Dr. F. A. Falk, referred to in *Schmidt's Fahrbrucher*, the writer points out that the so-called antagonism of opium and belladonna was noticed by Albinus and others as early as 1570. A real antagonism does not exist, according to Falk. His conclusions are as follows:

1. Atropin is a true antidote for muscarin, but not the latter for the former.
  2. Duboisin is also a true antidote for muscarin.
  3. Atropin and duboisin are also antagonistic to pilocarpin.
- Atropin and physostigmin,  
Strychnine and chloral hydrate,  
Morphine and atropin,

are all respectively antidotal in a pharmacological sense, but not in a physiological one; that is, the one will diminish the symptoms caused by the other, but will not produce contrary physiological effects.—*Med. Times.*

**Operation for Pterygium.**—Medical Press and Circular: Dr. Yreau Munar, from Palma, Majorca, describes the following method, which has been employed by him with signal success during six years: Firstly, he detaches the pterygium from summit to base; secondly, he folds it back in such a manner that the point touches the middle of the posterior surface of the base, fixing it in this position by means of two or three sutures. The external surface of the pterygium is thus turned toward the eye.

**Eserine.**—Eserine is one of the alkaloids of the calabar bean. It is most commonly used in the form of a neutral salt—the sulphate of eserine.

It is a myotic, and its local effects are antagonistic to atropine and duboisine.



**Hyoscyamia in Insanity.**—Among the papers of practical interest, in New York Medical Society, was one by Dr. John P. Gray, superintendent of the New York State Lunatic Asylum, on the use of hyoscyamia in insanity.

Dr. Gray gave briefly the results of the experience at the above institution in the use of the drug. He stated that it had been the practice at the asylum, from time to time, to make a study of special remedies "to determine, as far as possible, their therapeutic value and their application to the conditions of the insane."

Of the action of hyoscyamia he said :

"In cases of acute mania and melancholia with frenzy, no remedy we have used has so efficiently and readily calmed the high nervous and muscular excitement, and brought about a degree of tranquillity essential to acquiescence in nourishment and rest, as a means of restoration."

It was also found of great value in controlling the cerebral excitement of certain cases where there was persistent refusal of food, as it made it "reasonably easy and entirely safe to introduce the stomach-tube and administer the necessary food."

**Hot Water for the Induction of Premature Labor.**—Dr. Benicker related at the Berlin Obstetrical Society a case of dropsy of the amnios, showing the advantage of inducing premature labor by irrigating the vagina with water at a temperature of 40° R. (122 Fahr.), to which some carbolic acid had been added. Two injections in the evening brought on pains, which increased during the night, and after two other injections in the morning the cervix became well dilated. Dr. Benicker recommends this procedure as an energetic means of exciting labor without injury to mother or child. Its effects will vary according to the degree of excitability of the uterine fibres in different women.

Dr. Runge, who had already published a successful case, cited another, in which the injection failed. All trials that have been made show the harmlessness of the procedure for the child.—*Med. and Sur. Reporter.*

**Aspiration of the Bladder for Retention of Urine.**—Eight or ten cases of retention of urine due to organic stricture of the urethra, with spasm superadded, in which endeavors to relieve in the ordinary way had failed, have been successfully treated by Mr. C. B. Pasley, by aspiration of the bladder immediately above the pubes. The advantages of this plan of treatment briefly are, he says, in *British Medical Journal* :

1. The operation is very simple, and, if skillfully performed, absolutely without risk.
2. The pain caused by the introduction of the trocar is trifling and momentary.
3. The patient is afforded instantaneous relief.
4. In every case the patient passed urine freely in a few hours.
5. The delay under the usual method of treatment is avoided, and the patient is saved much unnecessary suffering.

## SCIENTIFIC ITEMS.

**About Snakes.**—The question how snakes progress is answered by the books in a way satisfactory to many minds, but Mr. H. F. Hutchinson, who writes about them in a recent number of "Nature," takes some exceptions to the usual explanation. He seems to have been a careful observer of their habits, and concludes that terrestrial snakes move in one or the other of the following ways :

1. On smooth, plane surfaces, by means of their rib-legs; e. g., the boa.
- 2d. Through high grass, by a rapid, almost invisible, sinuous onward movement, as the hydrophidæ in water; e. g., the rat-snake.
3. Climbing trees, or ascending smooth surfaces by erecting their abdominal scales, or using them to produce a vacuum, as lizards do their foot-scales for ascending smooth surfaces; e. g., tree-snakes and cobras.

Mr. Hutchinson captured a snake nine inches long with a head less than half an inch broad, and presented it with a frog two inches long and one broad. The snake saluted the frog by seizing it by the nose. The animal made desperate attempts to shake it off, but in vain, and all the while the process of deglutition (?) was going on, or rather the snake was slowly but surely getting outside the frog. This was accomplished by a sort of vermicular process. The sharp little teeth were seen to advance slightly, and then the whole body wriggled up to a new hold on the frog. In this way it very gradually disappeared, the whole process lasting half an hour. The so-called snake-charming, Mr. Hutchinson is confident, is only clever *legerdemain*. He describes the operation of skin-shedding as follows : "The skin ready to be cast yields round the snake's mouth only, and remains adherent to the extremity of the tail. As the animal advances, the caudal extremity of the skin is inverted—that is pulled inward—and so the process goes on and is completed by the tail passing through the mouth of the skin; and thus the direction of the abandoned skin is directly opposite to the direction taken by the skin-casting snake—that is, if the mouth of the skin lies east, the snake went out to the west."—*Popular Science*.

**Voice in Fishes.**—Mr. S. E. Pool, in a late number of "Nature," gives an account of an interesting observation of his own in support of the claim that fishes possess a faculty of voice. He states that, when engaged in a survey of the "Disang River, in Eastern Assam" some six years ago, he had occasion to sound the depth of a pool. When seated in a small canoe and slowly nearing it, he suddenly became aware of the presence of a number of fish called "mahsir." They were evidently attracted by the canoe, and Mr. Pool surmised that they might possibly think it a huge dead fish. While watching their movements, he became aware of a peculiar "cluck" or percussive sound—frequently repeated, on all sides, and coming from below, but near by. This was soon traced to the mahsir, and one of them made distinct sounds which were answered by others. He further states that in some parts of Eastern Assam a large bivalve sings in concert with others.

**Submarine Telephoning.**—Mr. Charles Ward Raymond, C. E., describes, in Van Nostrand's Engineering Magazine, the result of some experiments with the telephone in submarine operations at depths not exceeding thirty feet.

One telephone (Phelps' Duplex) was placed in the diver's helmet, and fastened in such a position that, by simply turning his head, he could place his mouth or his ear to the instrument. The other telephone was placed on the screw which carries the air-pump and diver's helpers. Using Edison's carbon transmitter, with the addition of an induction coil and battery, the arrangement was perfectly successful. Conversation was carried on with the utmost facility; it was not necessary to give the diver any signal other than a simple "halloo!" It was also found that the diver could talk in the helmet without putting his mouth to the instrument and be heard plainly, and therefore he could continue his work and conversation at the same time. The battery, induction coil and transmitter were placed on a shelf on the diver's scow, and together occupied no more room than would a Webster's Unabridged Dictionary; the telephone in the helmet occupied but little room, and, of course, was not at all in the way.—*Druggists' Circular and Chem. Gazette.*

**Novel Theory About Diamonds.**—One of Dr. W. Fletcher's frogs escaped from his ranarium some time ago, and was found the other day behind a register at his office, starved to death and shrunk to half its former dimensions. The Dr. dissected it, and coming to its lungs found these organs clogged with thousands of black crystals which looked like coarse gunpowder. Under the microscope those crystals presented regular facets with smooth surfaces, presenting the same angles of crystallization as the diamond. On burning they gave off carbonic acid gas, and they are pure crystals of carbon, as the diamond is. According to the Indianapolis Herald, the doctor ingeniously theorizes that in the ages gone by, the huge reptiles of the antediluvian period, dying under circumstances similar to those under which the frog did, may have formed large crystals of carbon in their lungs which were afterwards transformed into the hard and lustrous diamond.—*Drug. Circ. and Chem. Gaz.*

**The King of Ploughs.**—A Chicago paper gives an account of the largest plough that was ever known to be made, recently turned out by an Illinois firm of agricultural machinery makers, for use on the St. Louis, Iron Mountain, and Southern Railway. It is calculated to cut a ditch thirty inches wide and two feet deep, and is worked by attaching it to a platform car of a construction train by means of timbers framed and extending out, so that the plough cuts its ditch a sufficient distance from the track. It cuts a furrow eight inches deep each time, requiring three of them to reach the proper depth, and it will make one mile of ditch two feet deep and three feet wide every four hours, thus doing the work of about one thousand men. The beam is made of swamp oak, and is eight inches by fourteen inches, the land side being made of bar iron eight inches wide and one and a half thick, which has to be forged expressly for the purpose. Its total weight is seventeen hundred pounds. The use of this plough will mark an era in all ditching work.—*Boston Journal of Chemistry.*

## PRACTICAL NOTES AND FORMULÆ.

**Bedford Iron and Alum Mass.**—Dr. Francis Gillam, of Windsor, North Carolina, writes under date of February 12th, 1880 :

For certain forms of dyspepsia, induced by torpid liver, engorged spleen and nervous prostration incident to malarial poisoning, there is no remedy comparable to Bedford alum and iron mass.

In a case of a lady suffering with anæmia, irritable stomach, intermittent fever, accompanied with a great prostration, it was used with the happiest results. It was with difficulty that this lady retained the simplest food or mildest medicine on her stomach.

For chronic malarial fever, chlorosis, dyspepsia and cachectic condition of the system it is the prince of mineral tonics.

A remarkable cure of chronic diarrhœa and scrofulous affection by this water has recently come under my knowledge.

**Parvules.**—We have found the parvules of Wm. R. Warner & Co. a great convenience in practice. The care with which they are evidently prepared, the certainty and uniformity of effect, and ready solubility of the remedy and dose, and the minute division and neatness of form so convenient to the physician in grading the dose, and so acceptable to the palate of the patient, all combine to recommend this form of medication to the busy practitioner.

Recently, in a case of what we supposed to be *vesicular emphysema*, in a child 14 years old, attended with heart palpitation, dropsical and asthmatic symptoms—a case which had existed for five years and resisted various forms of treatment—we decided to test the effect of digitalis, and prescribed as follows :

**R** Warner's parvules digitalis fol..... gr. 1-20.

**Sig.** Take five every night and morning.

The result of this prescription was a cessation to the palpitation, followed by regular diuresis, quiet sleep at night, a return of appetite, and a rapid and remarkable improvement of all the symptoms in the case. So that the little fellow has entirely recovered his health, we believe, permanently, nearly three months having elapsed since a discontinuance of the remedy, and no return of the disease.

The efficiency of these parvules we attribute not to homeopathy but to the thoroughness of preparation and the purity of the articles used. In so far as homeopathy advocates thorough trituration as enhancing solubility and neatness of preparation as more likely to agree with delicate stomachs we make no issue, and we think that often much good results from the avoidance of those disagreeable antipathies which not unfrequently prevents the administration of medicines to delicate persons by reason of the nauseous form in which medicines are ordinarily administered.

**Treatment of Obstinate Eczema.**—In regard to the internal treatment of said disease, says Dr. John S. Aydelotte, in Med. and Surg. Reporter, the only suggestion I have to make, which I think is not generally adopted, is the use of antacids in sufficient doses to esta-

blish and maintain a neutral or alkaline condition of the secretions, thereby rendering that of the skin non-irritating, which, I conceive, greatly mitigates the intense itching and burning heat sure to supervene when the patient seeks his couch, gets snugly wrapped up and in perspiration.

Given in this disease, with other remedies of an essential nature, there need be no fear of any debilitating influence from an alkaline treatment carried to the extent above indicated, and so maintained for an indefinite time.

The following I have found of much service in adult cases :

R Sod. bromidi ..... ʒj.  
Sod. bicarbonatis..... ʒiiss. M.  
Fiat chart. xxx.

Sig.—One powder, in water, a short time before each meal.

R Acidi arseniosi..... gr. j.  
Quiniæ sulphatis.....  
Ferri redacti..... aa ʒss. M.  
Faciât pilulæ xxx.

Sig.—One pill half an hour after each meal.

**Glycerine in Coughs.**—The following are among the formulæ of glycerine and alcohol used by Dr. James in phthisical coughs, etc. Of either of these mixtures, one or two tablespoonfuls may be given three or four times a day :

R Glycerine pure..... f ʒ viij.  
Spts. frumenti.....  
Tinct. cinchona..... aa f ʒ iv. M.  
R Vini ferri..... f ʒ iv.  
Quinia sulphat..... ʒj.  
Glycerine pure..... f ʒ viij.  
Spts. frumenti..... f ʒ iv.

Dissolve. Useful anti-phthisical remedy with anæmia.

R Glycerine pure.....  
Spts. frumenti..... aa f ʒ vj.  
Ext. pruni Virginiani fluidi..... f ʒ iv. M.

Useful with a cough, where the tonic and sedative influence of the cherry bark is indicated.

R Syrup calcis lacto-phosphate..... f ʒ ij.  
Spts. frumenti..... f viiss.  
Glycerine pure..... f ʒ vj.  
Tinct. cinchona..... ʒiiss. M.

A very pleasant and useful anti-phthisical prescription.

R Salicin..... ʒj.  
Glycerine pure.....  
Spts. vini Gallici..... aa f ʒ iv.

Dissolve. Useful where a tonic and slight astringent is indicated.

R Acidi tannici..... grs. xvj.  
Glycerine pure.....  
Spts. vini Gallici..... aa f ʒ ij.  
Tinct. olei menth. pip..... mxvj.

Dissolve. Useful where a more active astringent is required.

R Tinct. humuli..... f ʒ iij.  
Spts. frumenti..... f ʒ v.  
Glycerine pure..... f ʒ viij. M

Useful with a cough, where a tonic is wanted.

**Remedy for Corns.**—Mr. Gezow, a Russian apothecary, recommends the following as a “sure” remedy for corns, stating that it proves effective within a short time, and without causing any pain :

R Salicylic acid.....	30 parts.
Extract of cannabis indica.....	5 parts.
Collodion.....	240 parts.

To be applied by means of a camel's-hair pencil.

**To Relieve Itching.**—The following is used by Dr. Rigaut, of Paris, in itching from all causes, in lichen, eczema, prurigo, etc., and with very general success wherever the irritation is nervous rather than mechanical :

R Acidi carbolici.....	gtt. x.
Glycerinæ.....	ʒ i.
Aquam.....	ad ʒ i. M.

To be used in an atomizer, five minutes at a time, several times daily.—*Boston Journal of Chemistry.*

**For Asthma, Croup, etc.**—The following is recommended as an inhaling fluid in asthma, croup and kindred complaints :

R Chloroform.....	15 parts.
Ether.....	30 parts.
Spirits of turpentine.....	5 parts.

Pour a teaspoonful on a cloth, and keep it about three or four inches from the mouth, until the attack is over.—*Boston Journal of Chemistry.*

**Mixture for Acute Gonorrhœa.**—Dr. Jacques Reverdin, of Geneva, prescribes the following mixture at the outset of acute blennorrhagia. It modifies very advantageously the nature of the urine, and is well tolerated by the patient :

R Pulv. sacchari albi.....	ʒ ii j.
Sodii bicarbonatis.....	ʒ v.
Acidi benzoici.....	ʒ iss.
Essentiæ limonis.....	q. s.

A teaspoonful to be taken six times a day, in a tumbler of water. To be continued until, the discharge being altered in character, injections and balsams are prescribed.

**For Night Sweats.**—A writer, in Mich. Med. News, says : For over thirty years I have used the following prescription without a single failure in sweats from whatever cause. In one case a neighboring physician was poisoned while dressing a mortified finger. He suffered untold misery and was drenched with perspiration for a number of days, and his life despaired of. When I saw him I ordered him to be bathed immediately and repeat once in two hours. The third application stopped all perspiration, and convalescence commenced at once :

R Alcohol.....	Oj.
Sulphate of quinine.....	ʒ j. M.

Wet a small sponge with it and bathe the body and limbs, a small surface at a time, care being taken not to expose the body to a draft of air in doing it.

**Quinine in Whooping Cough.**—A British authority recommends the following as "almost a specific" in this disease :

R Quiniæ sulphatis.....	ʒj.
Sol. acid hydrobromic (Fothergill).....	ʒ iss.
Syrupl althææ.....	ʒ iss.
Aquæ.....	ad ʒ vi.M.

A dessertspoonful 4 times a day; the dose to be increased according to age.—*Med. and Surg. Reporter.*

**Recent Suggestion for Ozena.**—To remove the crusts, Dr. Lennox Browne, in Medical Press and Circular, uses :

R Iodoformi.....	gr. vi-vij.
Ætheris .....	ʒj-iss.
Ung. petrolei.....	ʒj.
Ottar rosæ.....	mvj.

Dissolve the iodoform in the ether, then add the others.

For a post-nasal douche :

R Ammonii chloridi.....	
Sodii boratis.....	aa gr.vi-vij.
Glycerinæ.....	ʒj-ij.
Aquam.....	ad ʒiv. M.

This amount for two douches, at 95° Fah.

For vapor inhalations, either pine oil, creosote, or benzole, in water, at 150° Fah. should be inspired by nose as well as by throat. To whichever is prescribed, aldehyde, in no larger proportion than one drop to each inhalation, should be added, this drug having a peculiar and quite specific effect on favoring fluid secretions in cases of inspissated mucus, and if administered in large doses, it is apt to produce headache or embarrassment of breathing.

In the British Medical Journal, he gives other formulæ :

R Sodii boratis.....	ʒ ij.
Acidi salicylici.....	ʒ ij.
Glycerinæ.....	ʒ iss.
Aquam .....	ad ʒ ij.

One or two drachms of this mixture to the half pint of water, at 95° Fah., acted quite efficiently, whether used with anterior or post-nasal douche, or as a gargle; and this form has now been used by him for many months. It has the advantage, over and above its antiseptic qualities, of being not only non-irritating, nor obnoxious in taste, but, on the contrary, of being even emollient, and of agreeable flavor — *Med. and Surg. Reporter.*

**Nervous Debility, Dyspepsia, etc.**—Dr. Lindsay Johnson, of Atlanta, furnished us the following :

R Elixir collsoya iron and strychnia.....	ʒ ij.
Sig. Teaspoonful after each meal.	

The above formula, prepared by R. A. Robinson & Co., of Louisville, Ky., is admirably adapted to all affections denoting enervation.



## EDITORIAL AND MISCELLANEOUS.

*Errata.*—In the article by Dr. A. G. HOBBS, on "Digitalis," in the January number, occur the following errors: On 2d page, 23d line, *fibre* should be *fibres*; and in 5th line from bottom, *systol* should be *systole*. On 4th page, 11th line, *toned* should be *torn*; in 23d line, *veins'* should be *veinous*; and in 6th line from bottom, *imminent* should be *immense*.

On page 476 of our December number, the items accredited to J. S. Jones were furnished by T. S. JONES, M.D., of Jackson, Louisiana.

### THE INDEX MEDICUS.

We notice in the announcement of the above journal for 1880 that the editors have encountered heavy difficulties in entering upon the second year of its publication. This journal should be encouraged by the medical press and sustained by the profession throughout the country.

### MEDICAL ASSOCIATIONS.

The Medical Association of the State of Georgia will convene in Augusta April 21st.

The Kentucky Medical Society meets in Lexington on the first Tuesday in April next.

The American Medical Association meets in New York City on the first Tuesday in June next.

### GENEROSITY OF POWERS & WEIGHTMAN.

This splendid and widely-known House, of Philadelphia, recently presented to the Museum of the Southern Medical College a beautiful walnut case, elegantly fitted up and filled with numerous samples of their chemicals. The chemicals are most beautiful, and unsurpassed for purity and perfection of manufacture. The token which they thus furnish of their sympathy and interest in this new College enterprise is but another of the many instances of the liberality of this great establishment, and we assure them it is warmly appreciated by the Faculty of the Institution and by our citizens generally.

### CONVENTION ON VITAL STATISTICS.

The National Board of Health requests, through the *Health Bulletin*, Washington, D. C., that all who are interested in vital statistics, and especially those who are charged with the duties of state or municipal registration, to meet with it in Washington, on the 6th of May next, for the purpose of considering the best methods for the collection and publication of such statistics. This convention will consider more especially mortality statistics, for which it is extremely desirable to secure more uniformity than exists at present in nomenclature, in nosological arrangement, and in the forms of tables or graphic representations intended to show the relations of causes of death to locality, meteorology, sex, age, nativity, occupation, and birth-rate.



### SOUTHERN MEDICAL COLLEGE COMMENCEMENT.

The Commencement Exercises of the SOUTHERN MEDICAL COLLEGE took place on the evening of the 26th of February, 1880, in the Representative Hall, Atlanta, Georgia. There was present a very large and intelligent audience, filling both hall and galleries.

A stage was erected about the Speaker's stand, upon which the Professors were seated, and upon the front seats adjacent were the Board of Trustees, ministers of the city and students of the class. The Hall was brilliantly lighted by the circle of gas jets in the dome, and the scene enlivened by the array of female beauty and attraction.

The Programme for the occasion was well arranged, each separate part being briefly and pertinently announced by Dr. R. C. WORD, Dean of the Faculty—the intervals being occupied by most delightful music, rendered by the Drs. CRENSHAW and Ladies. The following Programme was observed:

1st. Prayer, by Rev. Dr. BOGGS, pastor of the Central Presbyterian Church.

2d. Salutatory, by J. H. LUMPKIN, who delivered a very appropriate, chaste, scholarly and eloquent address.

3d. Address of Dr. THOS. P. DAVIS, Valedictorian of the class. The young man acquitted himself finely.

4th. Presentation of Diplomas to the Graduates of the class, by Prof. THOS. S. POWELL, President of the Board of Trustees.

The Degree of M. D. was conferred on eight intelligent young men, as follows:

Archer Avery.....	Georgia.
Thos. W. Gordon.....	Georgia.
C. H. Jones.....	Georgia.
J. B. Rutland.....	Alabama.
J. W. Mitchell.....	Georgia.
J. W. Bradley.....	Georgia.
Thos. P. Davis.....	Georgia.
M. M. Evans.....	Alabama.

The *Ad Eundem* Degree was conferred on the following medical gentlemen, to-wit:

Alban S. Payne, M.D.,	of Virginia.
J. F. Alexander, M.D.,	of Georgia.
Wm. G. Owens, M.D.,	of Georgia.
A. T. Park, M.D.,	of Georgia.
T. E. Collier, M.D.,	of Georgia.
Irwin A. Cofer, M.D.,	of Georgia.
J. S. Todd, M.D.,	of Georgia.

The Address of President POWELL on the presentation of the Diplomas was one of rare beauty and eloquence, and replete with sound morals.

After the conferring of the Degrees, a card of thanks was read by the Dean addressed, by the students, to the Auxiliary Professors of the Institution. It was neatly and appropriately gotten up, and was warmly expressive of their gratitude to the Auxiliary members of the Faculty for the very efficient aid which they rendered to the excellent and varied course of instruction furnished by the Institution.

There was quite a profusion of bouquets sent up to the graduates and students. A pleasing episode occurred in the presentation, by a lady, of a rich and luscious basket of fruit to Dr. J. W. Bradley and Dr. Thos. P. Davis, of the graduating class—Prof. OWENS delivering the gift to the happy recipients in his peculiar and pleasant style.

The Dean then returned thanks to the audience for their presence and polite attention, and the exercises were closed with the benediction by the Rev. Dr. HORNADY, pastor of the Third Baptist Church.

Upon the whole, the occasion was a most pleasant one, and well cal-

culated to impress the observer with the high estimate placed upon this new enterprise by the citizens and by the Profession of Atlanta, and, in connection with the extraordinarily large class of sixty-four matriculates which attended its first session, gives promise of a bright and successful future for the Institution.

A catalogue containing a list of the students and full information relative to the advantages of the Institution will soon be issued, a copy of which will be cheerfully furnished to any one applying for it.

Address,

R. C. WORD, M.D., Dean, Atlanta, Ga.

### BOOK NOTICES.

**A SYSTEM OF MEDICINE.** Edited by J. Russell Reynolds, M.D., F.R.S., Fellow of the Royal College of Physicians of London; Fellow of the Imperial Leopold-Carolina Academy of London; Fellow of University College, London; Professor of the Principles and Practice of Medicine in University College; Physician to University College Hospital; Examiner in Medicine to the University of London. With Numerous Additions and Illustrations, by Henry Hartshorne, A M., M.D., Fellow of the College of Physicians of Philadelphia; formerly Professor of Practice of Medicine in Medical Department of Pennsylvania College, and Physician to the Episcopal Hospital of Philadelphia; lately Professor of Hygiene in the University of Pennsylvania, and Professor of Hygiene and Diseases of Children in the Woman's Medical College of Pennsylvania, etc. In Three Volumes. Philadelphia: Henry C. Lea. 1880.

We have before us the first and second volumes of this great work—aggregating nearly two thousand large double-column octavo pages, neatly printed, with full and separate index to each volume, and containing numerous illustrations.

The work has been gotten up not by a single individual, but by leading, eminent minds, selected for their special ability and acquaintance with the particular subjects treated, and presents, therefore, an able review of modern British medicine in all departments. Such a work must prove highly valuable and instructive, and for comparison with American medical works of the same kind, cannot fail to interest exceedingly the professional reader and student in this country.

We have examined the volumes before us with much interest, and recommend them to our readers as books of very great merit. The third and last volume, we learn, will be out in the course of the present month, and the work complete may be obtained at the house of Henry C. Lea, Philadelphia.

**REPORT OF THE REVISION OF THE U. S. PHARMACOPOEIA,** Preliminary to the Convention of 1880. Being a Rough Draft of the General Principles, Titles, and Working Formulæ proposed for the next Pharmacopœia. Prepared and Compiled by Charles Rice, Chairman of the Committee of the American Pharmaceutical Association. New York. 1880.

This preliminary report of the Revision Committee must prove highly interesting to the profession, which has so long anxiously desired a revision of the United States Pharmacopœia.

The improvements suggested are many and valuable. They relate to *Language, Alphabetical Arrangement, Synonyms, Cross References, Descriptions of Drugs and Chemicals, Formulæ, Expressions of Quantity in parts by Weight*, etc. Certain articles are to be wholly dropped as obsolete and useless. Upon this point, we hope the dropping will not be too sweeping. The student of *Materia Medica* often desires to know what a thing is, as a matter of information merely. Many articles also have been revived and brought again into use after lying for a long while neglected, and many articles ignored by one class of practitioners are efficiently used by another class.

The *new tables* proposed are all useful. The table of *Poisons and their Antidotes* should not be dropped, as some have suggested.

We are pleased with the *New Additions* of remedies. We trust that all the agents brought into use of late years will be incorporated. The properties of many, it is true, are not definitely settled yet; it is well that the properties ascribed to them be briefly mentioned, that they may be tested by the profession. There are also in domestic practice certain familiar plants which are not in our present Dispensatory. Of these, we mention the common *heart leaf*, the botanical name of which is not given in King's Eclectic Dispensatory, or any other work on *Materia Medica* that we know of.

The substitution of *vaseline* for lard as a vehicle for ointments we trust will be considered. It never becomes rancid. Its consistence may be increased by the addition of white wax, as follows:

Vaseline..... 16 ounces.

White wax..... 8 ounces.

Melt with gentle heat.

This cerate will not become rancid, is neither too hard for cold or too soft for warm weather, and may be substituted for lard in all cases where that agent is used.

### RECEIPTS.

[Receipts not acknowledged privately are entered here.]

1880 - J. W. Sanders, John Durham, J. C. Boozer, R. J. Talbot, T. E. Jennings, J. H. Jennings, J. T. Davis, W. B. Sikes, W. C. Jones, J. S. Horseley, W. T. Mathew, F. Taylor, J. E. Bailey, T. L. Quillian, P. M. Catching, J. S. Green, V. J. Smith, A. H. Sellers, A. J. Woolverton, L. W. Mobley, S. M. Hogan, W. K. Jones, J. A. Hays, B. F. Darnell, W. B. Harris, Lanier & McCabe, L. B. Bouchelle, P. P. Terry, J. F. Pou, J. O. Sanders, W. H. Stewart, Louis Hadden, S. W. Eaton, F. M. Rushing, J. R. Johnson, J. D. Harrell. 1878 - A. B. Loving, M. B. Pollard, W. Barton, W. P. Anderson, E. L. Dodd, B. Dunnahoe, T. A. Mattox, B. B. Smiley, E. O. Tucker, R. Winthrop, J. Bonner, L. L. Smythe.

## SPECIAL NOTICES.

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T H E

# Southern Medical Record.

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be addressed to the Managing Editor.

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## ORIGINAL AND SELECTED ARTICLES.

### *THE THERAPEUTIC ACTION OF QUININE.*

BY J. W. COMPTON, M.D., OF IND.

The therapeutic value of quinine does not consist alone in its most thoroughly established curative effects in intermittents, or in other words, in its antiperiodic properties.

The good offices of quinine in the cure of intermittent and remittent disease is an established fact as familiar to the public as to the medical profession.

Its value as a remedial agent may be classed under the following heads, as their definition will invite attention to the manifold therapeutic advantages that may be derived from a proper administration of this valuable remedy, viz :

Anti-miasmatic, Anti-septic, Anti-phlogistic, Anti-pyretic, Anti-neuralgic, Prophylactic, and probably Oxytoxic.

A few words only need be said in reference to a fact so thoroughly understood as is the anti-miasmatic powers of quinine.

It is equally familiar to all who have passed any considerable time in paludal districts, that a poison is generated and that this poison has received the name of malaria; and that this malaria enters the human system, inducing certain morbid processes which manifest themselves in the great variety of symptoms peculiar to ague, and the numerous train of phenomena embraced in the collateral intermittents.

This malarial poison is generated at a season when vegetation is most luxuriant, most abundant, and approaching the state of fermentation and decomposition.

This fermentation and putrescent decomposition of vegetable matter, when exposed to the high temperature of a burning sun, develops and multiplies vast quantities of malarial germs, or low organisms; these are carried everywhere in the air, enter the human body through the atmosphere we breathe, the food we eat, the water we drink, and find a congenial habitation, a proper temperature in the human secretions, develop and multiply in the blood and through it is carried to every part reached by the circulation. The system becomes thoroughly saturated, the peculiar train of symptoms ensues and culminates in a morbid condition of poisoning known as malarial disease in its multitudinous forms. The malarial or miasmatic poison producing this class of diseases being generated at a season of the year which favors both fermentative and putrescent action in vegetation and stagnant water, the anti-septic properties of quinine are strongly indicated and are capable of easy demonstration in practice. Quinine is the remedy, par excellence, in nearly all forms of miasmatic diseases. It will, for a long time, preserve in a fresh state, flesh, meal, milk, butter, urine, albumen, etc., and will check alcoholic fermentation in honey or preparations containing sugar, by killing the microscopic organisms that are the immediate cause of these changes.

It exerts a poisonous and fatal effect on all infusorial life. When these have produced the poison and it has entered the human system, quinine will arrest their further action when it comes in contact with them in the stomach or in the blood.

The anti-phlogistic and anti-pyretic properties of quinine may be considered at the same time. Many failures to obtain satisfactory results from this indispensable medicine are caused by a want of considering how widely different is the physiological action of a small dose from that of a large one. There is a great want of this kind of discrimination shown; indeed, it is unscientific to speak of quinine having such and such actions without stating or qualifying the amount of dose necessary to produce a specified action, for corresponding to the size of the dose we will have actions not only altogether different in degree, but even antagonistic and opposite in character.

These different actions of quinine may be illustrated by comparing malarial diseases, or the germs which cause them, if you choose, to a field of tall grain, and the remedy to the action of wind currents on the grain. A gentle breeze blowing across the field will cause the grain to bend and lean in the direction the mild force of the wind inclines it. When the wind ceases it will rise up again.

Small doses of quinine will have a depressing or mildly antagonistic action on the disease, or in other words, will subdue the activity of some of the germs; but withdraw the remedy, and the renewed activity will be manifested by a return of all the previous symptoms.

A strong gale would break down some of the grain, and it would never rise again. A relatively increased dose of quinine would so subdue the disease that some of the symptoms would never return. The extra large dose, like the fierce tornado that sweeps and breaks down everything in its track, would not only destroy the cause of the disease, but would so antagonize the morbid manifestations as to leave the disease completely prostrated, never to rise again until a new supply of the cause had again entered the system. It has been established, both clinically and physiologically, that quinine in large doses has the undoubted power of lowering animal temperature, that it outranks every other article of the materia medica in reducing high grades of fever or exalted temperature in the human body.

It is a universally acknowledged fact that quinine in small doses stands pre-eminent as a tonic and stimulant, that persons who have long accustomed themselves to take regular stimulant doses, on suddenly withdrawing the drug feel the loss or want of it, not to the same degree, but similar to that felt by the toper on the withdrawal of his accustomed stimulant.

If quinine, then, in large or small doses produced similar effects, such different results as clinical experience have demonstrated would be impossible. The stimulant doses revive failing activity, while the large doses depress exalted activity, and it is only when the practitioner considers the action of this remedy in accordance with these principles that its diverse actions are properly understood.

Dr. C. Liebermeister claims that by a very large number of experiments he has demonstrated its power of lessening fever heat. He asserts that he has given some ten thousand doses of quinine as an antipyretic and has almost unbounded confidence in it. He insists that from twenty to forty grains must be given within the hour, and not repeated oftener than once in twenty-four hours.

In regard to its anti-neuralgic powers, it is only necessary to state that, should the neuralgia depend on malarial causes, the indication for its employment is quite manifest. Should the neuralgia, however, be of a non-malarial intermittent character, the influence of the remedy upon the nervous system will enable it to be a valuable curative agent in controlling affections of this character.

It is not my purpose to enter into a discussion of the great variety of diseases in which this drug may be employed with great advantage. I cannot, however, leave the subject without calling especial attention to

its action in pernicious fevers and malignant malarial poisoning, without a few words of precaution as to the mode of its administration. In these diseases the storm power of the remedy is imperatively demanded. The patient should be thoroughly cinchonized immediately after the first paroxysm. At least forty grains of the remedy should be administered during the first twenty-four hours, and twenty-five grains during the second; in very severe cases much larger doses than even these may be necessary.

The prophylactic value of quinine has been thoroughly tested in all portions of the inhabited world. Small daily doses administered to persons exposed to malarial influences have been found to be quite as reliable in preventing malarial diseases as it was efficacious in curing them. Wherever the prophylactic powers of quinine have been tested even on the largest scale, in connection with the army and naval service, the testimony in its favor has been unanimous.

Dr. J. B. Hamilton (*Indian Medical Gazette*) reports a battery of one hundred and thirty-five men quartered at Jubbulpore, East India, in the same barracks with an infantry regiment. Each of the artillerymen received three grains of quinine every other day, to the infantry none was given. The result was that three hundred out of the five hundred men of the regiment were sick at one time with malarial disease, while at no period was more than four per cent. of the battery affected. The dose of quinine as a prophylactic in very malarial climates should be from three to five grains daily.

In regard to the oxytocic properties of quinine, I should feel inclined to pass them by without comment, were it not for the diverse and opposite opinions which prevail in the ranks of the medical profession; and for the apprehension I entertain, that many pregnant women, suffering from malarial disease, would have their health seriously impaired, even die from withholding this indispensable remedy in that class of diseases, to the attacks of which they are quite liable as other persons, and in whose cases the remedy is as imperatively demanded.

From Dr. H. C. Wood we learn that, in 1871, Dr. Monteverdi announced that quinine is a uterine stimulant, causing at times in the gravid womb contractions sufficiently violent to induce abortion, and when given during labor, intensifying greatly the uterine pains, and after labor causing rapid expulsion of the placenta and arresting uterine hemorrhage; affirming further that in amenorrhea or in menorrhagia from uterine inertia its action is no less marked.

Dr. Jos. J. West says that many regard the use of quinine as dangerous, even criminal in any disease in pregnant women. The belief of these persons is that this substance exercises a direct influence upon the uterus, causing powerful contractions and expulsion of the fœtus. And

to support this notion they are ready to bring forward innumerable instances of abortion after its use, of cases of sudden suppression relieved by the prompt use of the same remedy. He then goes on to say that those abortions, etc., were due to the intermittent fever and not to the drug. In this latter opinion my experience would lead me to arrive at the same conclusions. The difficulty of proving a negative in these cases is apparent.

Opposed, however, to the theory that ascribes abortifacient properties to quinine, is the fact that in malarial districts it has been an indispensable remedy for a great length of time in miasmatic diseases, being used indiscriminately without any such property being attributed to it until a comparatively recent date.

Many authorities could be named who gave the remedy to hundreds of pregnant women, without, in the slightest perceptible degree, producing uterine contractions. Altogether it is a reasonable conclusion that instead of quinine originating and producing the abortions charged to its account, that malarial disease causes the contractions in a way that, I think, is easy to explain and that the drug is the most reliable remedy we possess to prevent the abortions by arresting the disease.

The tendency of intermittents to disturb the nerve centers, to produce a shock of the system, is well understood. They also produce serious congestions of internal organs in which the uterus receives its full share of engorgement, a determination of blood to the womb sufficient to stimulate it to contraction, the uterine blood-vessels become engorged and a collection of serum and blood between the chorion and amnion will detach the placenta and the extravasation of blood from the uterine sinuses will force it from its connection with the uterus, hemorrhage takes place and abortion follows. Another fruitful source of abortion is the excessive vomiting so frequently the result of gastric trouble in malarial disease. The instances in which physicians have been called to cases of threatened abortion and premature labor succeeding malarial attacks, where no quinine had been taken, are frequent and numerous. They find the labor so far advanced, with contractions, hemorrhage, or dilatation with protrusion of the membranous sack, as to preclude the success of preventives to arrest its further progress and abortion or delivery inevitable; and all this for the want of the timely use of quinine to control the tendency of malarial attacks to produce shock and congestions.

In conclusion, permit me to counsel all who may have this class of disease to contend with, that they will find malarial disease a much more fruitful danger to pregnant women than is the remedy necessary to break up an intermittent. It is strongly asserted by many obstetricians, and may yet be borne out by clinical experience, that contrac-



tions of the uterus are increased by quinine. This may be true, that by virtue of its tonic stimulant properties transmitted through the nerves to the muscular system, that quinine may be utilized in cases of inertia of the uterus, manifested by a relaxed condition of the system and a general loss of tone and muscular power, where the pains have ceased from fatigue during the latter stages of labor, that tonic doses may impart sufficient energy to enable labor to be completed without other interference; yet, as a remedy, it could not be relied upon to originate pains or to materially hasten delivery on other physiological grounds.

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### CURE OF MENIERE'S DISEASE.

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BY J. T. JENKINS, M.D., OF KENTUCKY.

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*Editor of Record.*—DEAR SIR: The following case may be of interest to the profession.

Mr. J. D., aged 40; large, stout, muscular; former general health good; takes a drinking spree occasionally; has been having what he and his family call fits. Falls suddenly without warning; does not lose consciousness; feels a little giddy for a few minutes after the attacks.

After a careful examination of him I was unable to find any cause for his trouble until my attention was called to the condition of his left ear, in which he complained of a slight buzzing noise with some tenderness below and back of ear. On making specular examination I found the cavity nearly filled with hardened secretions of wax. He dates the vertigo from the treatment he received from a physician who insufflated the tympanic cavity.

After a thorough cleaning of ear with warm water and soap, with blisters behind ears, the spells have not returned, now over three months.

My object in reporting the above case is that I suppose it was a case of Meniere's disease; a report of the conclusions of Dr. Guge's paper in *Southern Medical Record* for January 1880, on that disease, explains what would have been very obscure to me without the information thus gained.

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### ETIOLOGY OF TYPHOID FEVER.

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That contamination of drinking-water with a specific poison or disease germ previously developed in the intestinal tract of a human being, or, if not the drinking-water, the air breathed by the victim has become vitiated from the same source; this has become an almost settled belief in the minds of a majority of the profession. That human

excreta are in some way connected with the causation of typhoid, whether a belief in the presence of a specific germ be accepted or not, is certainly very widely believed. The following, from the Sanitarian of a recent date, expresses the common faith of advanced sanitary authorities in a very strong and forcible manner :

"Typhoid fever is, of all diseases, pre-eminently a *filth* disease. Wherever it exists it points unequivocally to unremoved filth; and is a disease, therefore, altogether and wholly preventable by proper sanitary measures.

"\* \* \* \* \* Universal experience attests that privies and water-closets inadequately provided with means for speedy and complete cleansing and aerating are prolific sources of typhoid fever and kindred affections in all temperate latitudes, and with prevailing high temperature and moisture, of the still more deadly disease, yellow fever. And all the more dangerous are these conditions, because they are not unfrequently the means of spreading the disease to distant places, and in proportion as other places comprehend like conditions of accumulated filth—the mass being subject to infection by the bowel discharges of any one afflicted with the disease: insomuch that the existence of typhoid fever, or allied diseases in any place, is *prima facie* evidence of filthy surroundings."

We, by no means, wish to underestimate the value from a sanitary point of view of the utmost cleanliness, or the maximum evils of filth. They cannot be overestimated. At the same time, we cannot avoid the conclusion that filth—contaminated or not with the evacuations of typhoid cases—is not the sole factor in the causation of this disease. The careful observations of Assistant-surgeon Hoff, show beyond a peradventure that the specific anatomical appearances of typhoid may be developed under conditions which absolutely preclude the pre-existence of similar cases from which the poison might have been derived. It would be stretching our credulity too far to suppose that the perpetual snows of the highest mountains of the great central chain had become polluted by the excretions of some wandering aboriginal weakened by malarial fever who, in his delirium, had climbed to an altitude of twelve thousand feet to perish after poisoning the fountains of our rivers!

In England, the specificity of the germ causing typhoid is ably disputed. It is claimed that any catarrhal enteritis may develop the poison which, when introduced with the drinking-water, into the digestive canal of another, will cause the disease.

But in Dr. Hoff's cases circumstances seem to preclude the idea of a human origin of the poison which eventually produced the characteristic typhoid lesions.

In the absence of an accepted hypothesis which will account for all the facts, we submit one of our own with becoming diffidence. Its elements, as may be seen, have been in existence for a long time, but, as a whole, we do not remember to have met with it.

1. It has passed into a truism that as a malarious region is submitted to clearing, drainage and cultivation, the ordinary intermittent and remittent fevers disappear to be replaced by typhoid.

2. The temperature curve of typhoid, in the first, third and fourth weeks of the disease, bears a strong resemblance to that of remittent and intermittent fevers.

3. Quinia has more power, as an antipyretic, in typhoid than in typhus or relapsing fevers.

4. As anatomical researches have been prosecuted with greater care and earnestness, it has been found that there is a true hybrid variety of fever—"typho-malarial"—which presents the lesions of typhoid along with those of ordinary malarial fevers.

5. In many of these cases the enteric symptoms are marked, or but slightly marked, while the autopsy shows the ulcerative lesions well developed.

6. A writer in the London Practitioner, during the last year, has advanced the idea that epidemics, at first limited by isothermal lines, become, subsequently, capable of overstepping them; in other words, of becoming adapted to new conditions in respect of climate, race attacked, etc. He also suggests that diseases of animals—of small gravity, perhaps—may prove intensely malignant when engrafted upon the human constitution.

A consideration of the foregoing suggests to us that typhoid fever may be merely a malarial fever modified in the human organism by continually being introduced into the body; thus modified it may become capable of reproducing itself therein and of infecting other persons by way of the intestinal canal.

The experiments of Prof. Klebs and Signor Thomassio Crudeli have shown that the poison of ordinary malarial fevers is of cryptogamic origin, produced under certain conditions of soil, temperature, etc., when the spores have been placed therein. May not these same cryptogams become modified by long residence in the human system so as to become capable of propagating the disease to other persons, after they have been ejected and placed under suitable conditions of soil (filth, animal or vegetable), moisture and temperature? In Dr. Hoff's cases it is distinctly stated that several cases of ordinary intermittents occurred in consequence of previous malarial toxæmia. May not these have been the source whence the subsequent typho-malarial cases obtained the poison?

This is a subject regarded by medical men, the world over, with the greatest interest. Hence we shall take occasion to keep our readers informed of every new fact brought forward in this connection.—*St. Louis Clinical Record.*

### INTRA-UTERINE MEDICATION.

A Paper read before the Cincinnati Obstetrical Society.

BY C. D. PALMER, M.D., CINCINNATI, O.

There are many points connected with intra-uterine medication still *sub-judice*. Recently the subject was up for discussion before the British Medical Association, and also at the last meeting of the American Gynecological Society. This Society should compare its experiences.

It is chronic endo-metritis, some of its conditions or complications which, for the most part, call for intra-uterine medication. Reference is had here, not to medication exterior to the cervical canal, but to the corporeal cavity of the uterus.

Three varieties of chronic endo-metritis must be recognized :

1st. Cervical; 2d, general; 3d, corporeal.

This, undoubtedly, is also the order of frequency.

The propriety of medication of the cervical canal is, I believe, questioned by no one, but there are those who do object to, and never medicate the corporeal cavity of the uterus. By most gynecologists of to-day, intra-uterine medication (the term is used in its general sense, meaning the use of tents, curette, etc., as well as medicines), is practiced with varying frequency, some extending applications almost as often to a point above the os internum as below.

When this subject was being freely discussed in New York in 1870, and when some most important problems connected therewith were solved, a most decided impetus was given to the employment of this method of uterine treatment all over the country. Whether or not intra-uterine medication has met with its highest expectations, and with what dangers, with what results, can be obtained best by a free discussion, which, I trust, will be elicited here.

Are we warranted in medicating the corporeal cavity of the uterus, *when and under what circumstances, how, and with what agents?*

It is almost unnecessary to remark, that where endo-metritis is purely cervical, the endometrium above the internal os should not be interfered with. Now, in general endometritis, the intensity of the disease may be at a point above or below the boundary line of the internal os. This will be determined by the degree of the presence of certain symptoms; menstrual aberration, as menorrhagia as to time, quantity and duration; certain forms of dysmenorrhœa; the character of the leucorrheal discharge; as well as certain signs: the patulous internal os, tender and dilated corporeal cavity, and the enlarged corpus uteri. This class of cases is largely confined to multiparæ, and follows a bad getting up after an abortion or parturition at term. Can such cases be treated by cervical medication, or is it necessary to extend the topical treatment to the fundus of the uterus?

My rule in practice has been as follows :

Where the disease is, seemingly, for the most part cervical, the menstrual function not seriously deranged, to trust to cervical treatment. In a majority of cases, it suffices, without intra-corporeal medication, the latter being adopted only in cases of failure of the former, and in the more severe types of the disease. My experience has been clear that cervical treatment in the way of depletion and medication, does, in many instances, exercise a most decided influence over the body of the uterus, both in its endometrium and parenchyma. Besides the relief of the cervical disease, and its reactive influence on the general health, cervical medication has a derivative effect on the disease beyond.

Simply then because the internal os has been sufficiently dilated to permit the passage of the sound or the cotton-wrap applicator, has not been the guide for the extension of the topical treatment to the fundus. If cervical treatment will answer equally well for many and the milder forms of chronic endometritis of a general character, why adopt the other with its increased dangers?

But there are rarer forms of general endometritis, the chief seat of which is the corporeal cavity. This is considerably dilated; the body

of the organ may be enlarged; muco-purulent leucorrhœa and menorrhagia are present. A fungoid or cystic degeneration of the endometrium is usually the underlying condition. This kind of a leucorrhœa and menorrhagia will resist constitutional, as well as local cervical treatment, including dilatation. Intra-corporeal treatment is necessary, and even this, if confined to medication, frequently fails. The curette, moderately sharp, the end of which is tempered, the shank flexible, applied at first gently, afterwards, if well borne and necessary, more thoroughly, has served me so many useful turns that its use seems indispensable in this class of cases. This hyperplastic condition of the endometrium with granulations is most common in the region of the cornua of the uterus. In many instances a strong solution of iodine is then applied. One curetting sometimes suffices; more often its repetition, from once per week to once per month, with the iodine applications, is required before a cure is effected.

As to the intra-uterine injections, these are sometimes employed to wash out the uterus, on account of septic discharges from a disintegrating fibroid, cancer, etc.; also in stubborn menorrhagia, to arrest the flow. Never have I encountered any serious symptoms even of the shortest duration, with my double current catheter, with which retention of the injected fluid and consequent pain or shock cannot occur.

I like the action of Lente's cotton-wrapped syringe, which secures thoroughness of application without a canula.

Tents usually are not required; if any, preference is given to the laminaria; the metallic dilator, for ordinary dilatation, has been found safe and sufficient.

A short cervical canula, fashioned much after the shape of Atthill's, sometimes is used when a more active agent, such as nitric acid, is applied to the fundus.

As to the selection of medical agents for application to the corporeal cavity, generally speaking, I have found nothing so satisfactory as iodine in strong solution, used with a flexible probe of silver, or with Lente's syringe. Iodine has proven to be a general alterative, a local stimulant to uterine contraction and to the blood vessels, thereby diminishing congestion. This, with a solution of chromic acid (water and acid equal parts), and pure nitric acid, are most of the agents used to this region of the uterus. Carbolic acid is largely reserved for disinfecting purposes. Medicated tents, as well as crayons and ointments containing medicines, have not proven satisfactory.

Nitrate of silver, either in solution or in crayon, I now never employ to the upper uterine cavity, because of the amount of pain and hemorrhage at times produced, and the tendency to contractions of the os. Nitric acid accomplishes all that the nitrate of silver possibly can do, and strange as it may appear, is infinitely less painful, creates little or no hemorrhage—in fine, is better and safer. Its use should be reserved to patulous conditions of the canal, and its contracting effects carefully watched.

I do not share the opinion of those who believe that the upper cavity of the uterus can be disturbed by instruments and medicines with as much safety and impunity as the cervical canal. The late distinguished Prof. Miller, who was probably the first in this country to institute the practice of intra-uterine medication, maintained that he could treat the

upper cavity with as much familiarity and as little apprehension as the cervix. Again, one of our first gynecologists, speaking on the subject, says :

"I have come to the conclusion that he is the most successful gynecologist who is the most plucky, and that, no matter how severe or mild the treatment of uterine disorders, the percentage of accidents will be about the same"; a statement of doubtful propriety and of doubtful truth, if we are to accept the results of the treatment of all who practice in this field.

The upper uterine cavity cannot be interfered with at all times with impunity. All uterine treatment is attended with a certain amount of risk. Other things being equal, the further within the canal that treatment, the greater the risk. Thus, in point of safety, it makes a very considerable difference as to whether any interference is above or below the line of the internal os. Fortunately the greater the disease and longer its duration, the more profuse the secretions, conditions calling most for local treatment, the greater the degree of tolerance.

While then I favor topical medication to the corporeal cavity in certain instances, nay, even regard it as essential at times to success, nevertheless, the conviction has grown from increasing experiences that many cases of endo-metritis which heretofore have been treated as corporeal, at which point doubtless more or less of a congested state of that mucous membrane has existed, *might be, ought to be* treated purely as cervical, and this with less pain, greater safety, and an equal certainty of good results.

Bennett, to whom we owe a world of gratitude for his pioneer contributions in this department, was a firm believer in the cervical localization to a large degree of chronic uterine inflammations. To this end his treatment was directed. While, doubtless, he was in error in excluding the corpus uteri to the extent he did from complicity in the diseases of the cervix, the success which attended his efforts confirms my position.

Prof. Thomas, speaking on this subject at the last meeting of the American Gynecological Society, remarked that "intra-uterine medication carried above the os-internum should be given up as very hazardous, in many cases as very useless, and yielding disappointing results." This is certainly a very striking position for one who, doubtless, has resorted to this method very frequently, and has had every opportunity to test this question to its fullest extent.

Much of the ill-success attending intra-uterine medication is, aside from the neglect of securing proper cleanliness of the endo-metrium prior to the introduction of the medicament, or some other imperfect manner of application, due to the fact that the treatment has been too severe and too frequently repeated. If experience has taught us anything in this special field of gynecological practice in the past few years, it is to make intra-uterine medication less painful, safer, and limit its field of utility.

Endo-metritis complicated by versions and flexions as an antecedent or consequent condition, will, of course, be managed largely with reference to the causative relationship. Unfortunately, this can by no means be always satisfactorily determined.

Shall we treat the diseased endo-metrium with the uterus still in its

faulty position, or, first correct the mal-position? Will the displacement be relieved after the circulation has been improved by topical treatment to the endo-metrium, or will the endometrical affection subside after the rectification of the displacement?

It is extremely difficult in our experience to establish a uniform rule of order of procedure. Retroversion and flexion usually follow the congested, enlarged, and relaxed conditions of the uterus after parturition at term, or an abortion. Here the displacement is secondary; but the supervention of this displacement not only aggravates, but perpetuates, and may otherwise render the former state incurable without a notification of this displacement.

Many cases of chronic catarrh of the inner uterus, with dysmenorrhœa or menorrhagia, are resultant on version, especially flexion. The same becomes speedily relieved by a successful attention alone to the displacement. Under such circumstances intra-uterine medication is not only unnecessary but harmful. But on the other hand, how often has it happened in practice that a prolapsed or retroverted uterus gradually returns to its original position by attention to the co-existent but antecedent endo-metritis and sub-involution? It is almost unnecessary to remind the members of the dangers connected with intra-uterine medication when there is co-existent, chronic, cellular, or peritoneal inflammations. He becomes most prudent who withholds interference with the uterine cavity in the not unfrequent class of cases complicated with obscure or latent cellulitis.

Unquestionably the most stubborn of all forms of intra-corporeal inflammation exists in the nulliparous uterus. The severity and duration of the local symptoms, seemingly, call for local treatment in unmistakable terms. But local treatment here, usually, utterly fails. At the bottom and within the backgrounds of these cases, there is a serious constitutional dyscrasia, the correction of which is essential to the permanency of relief. At best there can be a local improvement only commensurate with the general.—*Ob. Gazette.*

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### A CASE OF LITHOLAPAXY.

BY A. F. SANGER, M.D., BANGOR.

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During the fall of 1879 I was called to Mr. B. N. T., aged sixty-four, with a catarrhal, asthmatic, and lymphatic diathesis. He had to give up business in May, 1877, and had been confined to his bed since January, 1879, with straining and constant desire to pass water every ten to thirty minutes, pain on change of position, and urine heavily loaded with pus and phosphates; pulse ranging from 90 to 100. Sound 22, French, detected a stone apparently at the base of the bladder, the impression being conveyed to the hand that the heel of the sound impinged on the stone.

He had lost sixty-five pounds of flesh. His age, condition, and the apparent magnitude of the stone augured ill for lithotomy or ordinary lithotripsy. Litholapaxy, or the rapid lithotripsy, seemed the only solution of my dilemma. By advice of Dr. Bigelow, I sent to New York for his evacuating apparatus and lithotrite.

Knowing Sir Henry Thompson's aversion to prolonged crushing, his want of confidence in the tolerance of the bladder, his opposition to evacuating tubes above 25 French, with some hesitation and delay I proceeded with the operation. Another discouraging feature was that the patient took ether poorly, the throat getting constantly clogged with mucus, and the pulse running up to 120, and after three-fourths of an hour of etherization to 140 and 160. The above symptoms prevented us from testing the full tolerance of the bladder and a successful completion of the operation at a less number of sittings. It was therefore with some misgivings that I used the Bigelow lithotrite and the No. 29 French curved tube.

The operation proved full of difficulties. Forty minutes of continued search disclosed the stone back of or above the symphysis pubis, apparently fastened in a way that only the point of the sound or lithotrite could scrape over a fixed mass. I nipped away and evacuated thirty grains in the next twenty minutes. After this, at short intervals, there were two operations, the first lasting seventy minutes and evacuating ninety grains of stone; the second, one hundred and five minutes, with a product of one hundred and twenty grains. In both instances searching and crushing occupied two-thirds of the time, and the handle of the lithotrite had to be carried back between the legs as far as it would go. At the last operation I succeeded in grasping a stone two inches in diameter, but not in detaching and breaking it up, as the lithotrite seemed to plow through it. As the patient had become very much exhausted, I evacuated rapidly and left some loose pieces in the bladder. I drew out one piece engaged in the eye of the tube, too big to come through the tube. The detritus occasioned high fever and cystitis, so that nothing more was done for three or four weeks. On one of these occasions I tried Ferguson's fenestrated lithotrite without engaging the stone, but several times seizing the mucous membrane, which was never done with the Bigelow instrument.

Between the third and fourth operations, I met Dr. Bigelow in Boston, who expressed the belief that, the stone being large, and lying across the floor of the bladder, the beak had passed under the center of it.

December 16th. I etherized the patient again, elevated the hips, and by forcibly depressing the handle of the lithotrite tilted it up, and seized, crushed and evacuated nine hundred and thirty grains of stone in seventy minutes. This time the lithotrite was introduced three times, occupying about half of the time. Very many pieces larger than peas were removed. Not daring to keep the patient any longer under ether, I left two or three pieces which I could hear click against the tube. December 22d. Crushed again, and evacuated in forty minutes sixty grains, one piece weighing twenty grains being extracted in the eye of the tube.

Thus in five and three quarters hours at five different operations twelve hundred grains were extracted, and at each time the patient suffered no detriment from the prolonged continuance of the instruments in the bladder, excepting the time when a considerable number of loose pieces were left unevacuated. I should have used the 31 French straight tube, had not my greatest difficulty been in engaging the stone between the jaws of the instrument. The patient was on his



feet in about ten days, and could hold water nearly all night. I have written a rather lengthy detail of the case because I consider it a most complete triumph of Bigelow's instruments under the most trying circumstances.—*Boston Med. and Surg. Journal.*

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### TRAUMATIC TETANUS.—RECOVERY.

BY DR. H. VAN BUREN, CHICAGO.

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The case which I herewith report, is, I think, a typical case of tetanus traumaticus. If a subdivision were to be made, it might be classed under opisthotonos. The symptoms and history which will at once be given, will show that we had general tetanus, with opisthotonos, at one time a special and marked symptom of the disease.

William J., male, aged 23, single, of previous good health. On the 27th of September last, had the ball of the thumb of the left hand wounded by a circular saw in motion. The wound upon its surface did not exceed one-half inch in diameter, but was irregular and torn, penetrating to the phalanx, the bone not being injured. The wound was immediately dressed by a surgeon whose name was unknown to the patient. On the evening of the same day the young man called on me complaining of severe pain in the thumb. I removed the dressing and a compound resembling pitch or tar which had been used. After cleansing the wound adhesive straps were applied, and the man returned to his work, suffered little inconvenience, and in two or three days the wound was re-dressed in the same manner.

On the 3d day of October, six days after the injury, the patient returned to my office, and in a muffled voice said: "There is something the matter with my jaws, I cannot open them."

His face was somewhat swollen, the swelling extending to the neck under the angle of the jaw. I scarcely suspected trismus, but was at first disposed to attribute the trouble to parotitis.

On the following day, October 4th, I was sent for and found the patient at his home with positive symptoms of tetanus. He was lying stretched out on his back with the muscles of the trunk and extremities rigid. During the night the tetanic spasms had commenced, and at this time they recurred at intervals of about thirty minutes. Nearly the whole muscular system was involved when the paroxysms were the most severe.

The jaws in the first stage of the disease became fixed, with an opening between the incisors of one-eighth of an inch, which was fortunate. The muscles having the greatest rigidity from first to last were the masticatory, those of the larynx, the sterno-cleido mastoid, and other muscles of the neck, those of the chest and the flexors of the upper and lower extremities. The muscles having the most severe tension in the spasmodic contractions were the sterno-cleido mastoid, those of the anterior thoracic region, and of the back, and particularly the flexors of the lower extremities. The spasms of the serrati and other respiratory muscles were clonic, and respiration not seriously disturbed. The flexion of the spinal column was always well marked, when the contractions took place, as in opisthotonos. The muscles of the face were

not greatly distorted, and the act of swallowing never desperate though always difficult. Photophobia existed throughout; bright light would increase the frequency and severity of the spasms. Sudden and startling sounds would cause the same disturbance. From the second to the seventh day the paroxysms were very frequent, at times without complete intermission. At the end of this time they gradually became less frequent, the pulse never exceeded 110 per minute and generally not above 100. The external appearance of the body was normal in color, except the face, which was quite red. There was little or no increase of temperature. Bowels constipated and urine scanty.

At the end of the first week the mind was wandering and the conceptions confused, but entire unconsciousness never. For ten days the patient passed sleepless nights and days, almost no sleep, not exceeding half an hour at any one time. In about twenty-eight days from the commencement of the tetanus the spasms entirely disappeared; the trismus also, leaving the muscles stiffened, and their action more or less imperfect. The treatment was as follows:

October 4th, which was the following day after the appearance of tetanus, we prescribed extract calabar bean (half-grain) 0.33 doses, every two hours; given in a solution of alcohol and water. At intervals between these doses we gave (fifteen grains) 1.00 each of chloral hydrate and potassa brom., in glycerine and water, every two hours. These medicines were given for twenty-four hours, and the pupils closely watched, but no perceptible contraction took place. The spasmodic contractions were somewhat lessened, still they were violent. A blister (emp. canthar), was applied to the back of the neck, and counter irritation along the spine.

October 5th, administered by the stomach as before, extract calabar bean (half-grain) 0.33 doses every three hours, and sulph. morphia, (grain one-fourth) 0.16; potassa brom., (grains xx) 1.33; and chloral hydrate, (grains xv) 1.00, every one, two and three hours, as the violence of the disease demanded, and we were able to control the violence of the spasms to a great degree, lessening their force and frequency. The pupils were not contracted. The opium alone would have caused this. At times the opiate was given in doses so large and frequent as to cause contraction of the pupils to a very minute size.

October 6th and 7th, the calabar bean in less frequent doses was continued, and the sulph. morphia and potassa brom., dropping the chloral. During this period, when the swallowing was difficult, or when it was desirable to produce still greater effects with the opiate, gave frequent hypodermic injections of sulphate of morphia; from (one-fourth to one-half grain) .16 to .33 at each injection.

October 8th, Dr. Norman Bridge suggested that we try calabar bean without opium, and closely observe the pupils. This was tried for about twenty-four hours. The contraction of the pupils was less than when opium was administered, and that which we did have may have been caused by previous doses of this narcotic. I need not go further in detailing the management of this case. The treatment was substantially the same to the end of the spasmodic contraction. It was pushed vigorously when the case was desperate, and lessened when the acute stage had passed. Flaxseed poultices were constantly applied to the wound, and it was frequently bathed in warm water. The bowels were

moved by enema and potassæ acetæ given as a diuretic. A liniment containing one part of croton oil to seven parts of castor oil, was applied externally in the after-treatment to remove stiffness of the limbs, and was applied along the spinal column. The diet was beef tea and cream, and these were taken in large quantities through a straw.

The secret in the management of tetanus, if there be any, is to control the spasms and support the patient. The former requires close attention, and opium, I think, is the agent. Calabar bean may have a curative power by its action on the great nervous centers, but thus far its value is not definitely determined; and while it should be tried in cases where we wish to control these most serious disturbances of the nervous system, still in tetanus, I think our chief dependence is in the opium and bromide of potassa and the liberal support of the patient, with a nutritious diet.—*Chicago Med. Journal.*

### TRISMUS NEONATORUM—RECOVERY.

On January 20th, after a tedious labor of 24 hours, Mrs. M—, aged 20 years, white, was delivered of her first-born mature female child.

At birth the funis was twice around the neck, which accounts for the delay in delivery; was in a state of asphyxia and exceedingly cyanotic. It took half an hour to resuscitate the infant. During that process a large quantity of frothy mucus, slightly tinged with blood, poured from the nostrils.

Eight hours after birth unilateral convulsions were observed of the left side. This was at 8 P.M.; twelve hours after it was general, with frequent spasms; rigid lower jaw, with mouth sufficiently open to admit a finger; difficult breathing, livid countenance, clenched hands, with thumbs flexed into the palms, and produced on the slightest motion, commencing with a little scream.

When seen, was immediately recognized as an old enemy that had not been witnessed by me for twenty-four years previous, who had vanquished me every time, and I had hoped never to meet again. Have treated several cases among the negroes in Louisiana, but no means then used prevented a fatal termination. It has been stated that these cases "invariably occurred on the sea-coast, from cold and damp weather, and unknown in the interior of the country."

All the cases previous to this one were seen in warm weather, in the south, not less than two hundred miles from the sea-coast.

The surroundings in this case were all that could be desired—cold and dry, with thermometer about 32° Fahrenheit. I did not fail to warn all, except the mother, that they must prepare for a fatal result.

*Treatment.*—Thinking that it might relieve the brain, free catharsis was induced, with calomel and castor oil; after which five-grain doses of bromide of potassium in sweetened water; very soon observing no improvement, had recourse to the following recipe:

R Physostigma..... gr. ss.  
Glycerine..... ʒ ij.  
Aqua ..... f. ʒ vi.

Dose, thirty drops every four hours.

After three doses the convulsions were less severe, and after six had been given the paroxysms came on with much longer intervals, milder and of shorter duration; so that by the time eight doses had been given, they had entirely ceased and did not return, although the above was continued in half doses every six hours for the next twenty-four hours.

During this treatment the child was nourished with milk and barley water; although the feeding would induce convulsions, yet the child swallowed without difficulty. After the attack was overcome, for four or five days the child had not the power to nurse, so that Knapp's breast pump was used and fed to the child until she was able to help herself.

It was, a week after birth, as well and healthy as any child of that age.

It may be as well to state that particular directions were given during the attack that the child should be laid on its side and not on the back, in order to avoid pressure on the occiput.

Feeling that I had a fearful case to deal with, was compelled without delay to make use of desperate means (many would consider the dose too large for a new-born infant) before the little patient was exhausted or became comatose.

Had the poisonous effect of the drug exhibited itself by tremulousness and loss of power of the extremities, becoming limp and flaccid, indicating the approach of general paralysis, should have used chloral as an antidote.

This is the first case of the kind in which I have seen the calabar bean used, and hoping it may prove as useful to others as it was in this, has induced me to report it.—*Proceedings of the Medical Society of the County of Kings.*

### **Supra-Orbital Neuralgia Cured by Nerve-stretching.—**

Dr. Kocher relates, in the *Correspondenzblatt für Schweizer Aerzte*, the case of a man aged 32, who had for seventeen years suffered from neuralgia of the right supra-orbital nerve. The attacks, at first rare, afterwards became more frequent, until at last there were only brief intervals of freedom from pain. All the ordinary therapeutic measures had been tried for years without success.

Dr. Kocher laid bare the nerve and three of its branches by an incision along the upper border of the orbit, and stretched it forcibly by means of an aneurism-needle passed under it. The healing of the wound was attended with abundant suppuration. From the moment of the operation, the patient was free from pain, and the neighborhood of the supra-orbital nerve was anæsthetic. The patient was last seen three months after the operation; he had had no return of the pain; sensation was diminished over a space ten *centimetres* in extent, but was otherwise perfectly restored.

After neurectomy, paroxysms of pain are usually observed during the first few days after the operation. As these were absent in the present case, Dr. Kocher concludes that the lesion of the nerve is less when the nerve is stretched than when it is divided. The value of nerve-stretching as a substitute for excision will be greater in neuralgia of the second and third divisions of the fifth nerve, as here a much smaller wound will suffice.—*British Med. Journal.*

## ABSTRACTS AND GLEANINGS.

**Treatment of Yellow Fever.**—Dr. W. L. Coleman, of Texas, says in the New Orleans Medical and Surgical Journal :

While I regard calomel and quinine as poison to a yellow fever patient, many distinguished gentlemen in the profession depend upon them as their sheet-anchor ; but I am thoroughly convinced that we have discovered no antidote or abortive treatment for the disease, and, since I have abandoned the use of powerful remedies, have had far better success with the expectant method. I do not, however, intend to enter on a dissertation upon the treatment, but will content myself by mentioning a few of what I consider the most important points in the management of a yellow fever case.

1. Move the bowels as early as possible in the disease, with a mild laxative or an enema of tepid water, and then let them remain quiet until the fever has run its course.

2. Keep the patient perfectly quiet, in a horizontal position, and let him see no one but his physician and nurse.

3. Avoid giving anything that will offend the stomach ; and, if there is nausea, try to relieve it by the free use of rubefacients, and, if necessary, by a blister.

4. Keep the feet warm and the head cool, by applying bottles of hot water to the feet, and iced *eau sedative* freely to the head.

5. Allow the patient as much ice as he desires, and use diluents freely, consisting of warm teas, flax-seed water, lemonade, hot or cold, to suit the taste, and keep a strict supervision over the condition of the kidneys. While medicine is needed in a great many cases, yet I feel confident too much was given in the past epidemic.

The treatment at the Louisville Hospital, as given by Dr. J. B. Marvin, resident physician, in the American Practitioner, was in part as follows :

For nervousness and sleeplessness, chloral hydrate is the best remedy ; give thirty grains each of chloral hydrate and bromide of potassium, in one or two ounces of warm milk, by enema. This combination has a most happy sedative effect ; it also lowers the temperature. In some cases, tincture of hyoscyamus has a happy effect.

Patients are very sensitive to the effects of opium and its salts ; very small doses, either by the mouth or rectum, producing alarming narcosis. Opium did not appear to interfere with the proper functions of the kidneys ; its use was discontinued solely on account of its effects on the brain. A number of patients were given morphia while *en route* to this city ; they never came from under the influence of the drug, but lay in a stupid, lethargic condition, pupils contracted, and died with all the appearances of narcotic poisoning. In some patients, who were constant eaters of morphia, most distressing appeals were made for it. Various devices were resorted to in order to deceive them. About a fourth of a grain of quinia in powder was given, and followed by thirty grains of chloral hydrate. If this failed, a hypodermic injection of eight or ten minims of water had the desired effect, quieting the cries of the patient, and putting him to sleep.

If hemorrhage from the nose or mouth became free, a spray of Monsel's solution (half strength) always checked it. For hemorrhages from the stomach and bowels, if deemed advisable to check them, ten minims of Monsel's solution were given every hour. For renal hemorrhage, ten grains of gallic acid were given every three hours. In some cases fifteen-minim doses of aromatic sulphuric acid were substituted.

Stimulants are required in every case. Port wine proved most acceptable and beneficial, it being retained when the stomach rejected everything else. Acid wines and *champagnes* disagreed in every case; complaints of their bad effects were so general that they were discontinued. Brandy and whiskey were given in all cases, either by mouth or rectum. During convalescence, ale and beer were much relished, and were freely given. During the first two or three days of the attack, the less food taken the better. Milk, chicken broth, beef essence, etc., according to the desire of the patient, were given in small quantities every hour. During convalescence, oyster soup, soft-boiled eggs, crackers, toast, etc., in moderate quantity are given. Great care is required to prevent the patient from over-eating. Not a single relapse occurred in this hospital, which is largely attributable to the great caution exercised in regulating the dietary of the patients.—*Half-Year Comp. of Med. Science.*

**Naso-Pharyngeal Catarrh.**—A clinical lecture of J. Solis Cohen, M.D., Lecturer on Diseases of the Throat, etc., Jefferson Medical College, Philadelphia, is published in the Medical News and Library, and it is believed that the views of one of the best American authorities on the treatment of this frequent, obstinate, and most discouraging affection, will prove acceptable to the readers of this department.

Naso-pharyngeal Catarrh is an inflammation of the mucous membrane of the nasal cavities and upper part of the pharynx. It produces a tenacious secretion of mucus, which blocks up the nasal fossæ and tends especially to collect in the roof of the pharynx, just behind the nasal septum, where the glands are abundant. This secretion is removed partly by blowing the nose and partly by hawking it down into the pharynx and then expectorating it. Occasionally scabs and crusts are expelled. The secretion, being retained, undergoes decomposition, leading to the evolution of foetid gases and consequent foul breath. The disease may extend to the frontal and maxillary sinuses, producing brow and face-ache; it may also cause closure of the apertures by which the nasal fossæ communicate with these sinuses, and consequent abscess, cystic tumor, or morbid growth in the latter.

The most important element in the treatment is thorough removal of the accumulated mucus. This should be done daily, and is often alone sufficient for the cure of simple inflammatory cases. The retained secretion and the decomposed gases irritate the diseased membrane still further, thus keeping up and intensifying the morbid condition; moreover, breathing the foul air impairs the general health and even sometimes leads to slow septic poisoning.

For removal of the discharge, a solution of salt in tepid water (ʒj to Oij) is usually employed; in mild cases this may be snuffed into the pharynx through the nasal cavities very effectively; otherwise it may be applied by means of the syringe, spray-apparatus, or Thudicum's nasal douche.

In using the douche, the mouth should be open, and the patient cautioned not to swallow, lest the fluid be forced through the eustachian tubes and produce otitis media; if the fluid be warm, however, there will be but little danger, even should such an event occur. About 1 qt. of the solution should be used once or twice a day. The fluid may also be injected from behind by means of a curved syringe.

Frequently applications have to be made to the posterior portion of the nasal passages; this may be done by means of a rectangular probe, firmly attached to the end of which is a small piece of sponge saturated with the medicament (as, for instance, equal parts of glycerite of tannin and compound solution of iodine). For this operation the mouth should be well illuminated, and tongue depressed with a spatula. The sponge should be forced into first one posterior nasal outlet and then, after waiting a few minutes, into the other. This application is to be repeated three times a week. Another method of local treatment, in which a medicated solution is retained in contact with the parts for from 20 to 30 minutes, is by flexible bougies made of gelatine impregnated with the remedy (as gr. ij of sulphate of zinc and gr. ss of carbolic acid). The bougie gradually dissolves in the nasal cavity. To prevent its dropping into the throat, a string is passed through it, which is attached to the patient's ear.

Ulcers are rare in simple inflammatory catarrhs, but frequent and often extensive and deep in tuberculous, scrofulous and syphilitic subjects.

After cleansing the nasal passages, their interior may be examined, before a good light, by drawing the wing of the nostril aside, with a hair-pin bent into the form of a hook, which is as efficient as any nasal speculum.

In constitutional diathesis, appropriate constitutional treatment is necessary, and, of course, the removal of dead bone, foreign bodies, etc., is a *sine qua non* of cure.—*Md. Med. Journal*.

**Surgical Treatment of Pleuritic Effusions.**—In an article in the *Canada Lancet*, Dr. A. McKay writes of the treatment of pleuritic effusions :

The drainage tube and local antiseptic treatment seems to be gaining ground, and I think we are indebted to a Canadian, Dr. Richardson, of Toronto, for its first introduction into practice in Canada. His case treated in 1869 is, at all events, the first recorded here, and I am glad to say that it proved successful. According to a number of writers on the subject, the great danger to be apprehended, is the admission of air into the cavity; but if you will consider for a moment the form of the chest, with a non-yielding external wall, and also the probability of adhesions, surrounding the contracted lung, more especially in cases of long standing, it would not only be unscientific, but positively injurious, to attempt the withdrawal of fluid, and at the same time prevent the entrance of air into the cavity. It is well known that after air is admitted, that it changes the nature of the pus, and it sometimes very rapidly becomes offensive. This change would be a serious objection, providing it would increase the liability to absorption, but we have every proof to the contrary. The exclusion of air is also recommended on the supposition that it will interfere with the ex-

pansion of the lung; but we know that atmospheric pressure is the same, whether internal or external to the wall of the chest, and it could not possibly offer any resistance to the expanding lung, unless the opening could be hermetically sealed, which, under the circumstances, would be a very difficult undertaking. Again, if we attempt the exclusion of air for the purpose of facilitating the lung expansion, its place must either be supplied by fluid, or the expanding lung itself; but the attempt to rapidly expand the lung by means of a vacuum, might endanger the patient's life by forcible laceration of the adhesions or pleura.

In cases of this kind the aspirator should never be used, under any circumstances, for the following reasons:

- 1st. It will not remove all the fluid in cases of long standing.
- 2d. It will not prevent re-secretion of fluid.
- 3d. Its employment is attended with danger in recent cases, from the point of the needle coming in contact with the expanding lung.
- 4th. Where the fluid is purulent the operation must be repeated, causing more inconvenience to the patient, besides the danger of piercing the lung, and in that way complicating the disease.
5. The main object to be obtained by its use, viz., the exclusion of air from the cavity, is not now considered necessary, for it is admitted on all hands, that the admixture of air with serous fluid, will not lead to its becoming purulent.—*Half-Yearly Compendium of Med. Science.*

**Mysophobia.**—Mysophobia is a species of mental derangement attended by a morbid fear of defilement or contamination. The following case, from the *Indiana Practitioner*, reported to N. Y. Neurological Society, by Dr. W. A. Hammond, will serve to illustrate this singular affection.

Miss F——, aged eighteen, tall and slender, consulted me, January 23d, of the present year. From herself and her mother I obtained the following history:

About eighteen months previously she had gone to stay in the country with some friends, and on one occasion slept in a farm-house. On her return home she at once took a bath, and had her head, the hair of which was very long and thick, thoroughly washed. To her great surprise and disgust, it was found to be full of lice. She had always been exceedingly cleanly as regarded her person, and the shock she experienced on learning of the presence of these parasites completely unnerved her. She insisted on repeated washings of the head with soap, carbolic acid and other detergent and disinfectant substances, and even then was not convinced that all the vermin had been destroyed.

This was the starting point of all the subsequent mental disturbance. Little by little the idea became rooted that she could not escape sources of contamination, that other persons might defile her in some way or other, and that the various articles about her might also possess a like power. She was particularly careful in regard to avoiding children, and would not on any account allow a child to touch or even to approach her closely. When she went out into the street she carefully gathered her skirts together on passing any person, for fear that she might by mere contact be contaminated. She spent hours every day in



minutely examining and cleansing her combs and brushes, and was even then not satisfied that they were thoroughly purified.

As to her hands, she washed them, as her mother informed me she had ascertained by actual count, over two hundred times a day. She could touch nothing without feeling irresistibly impelled to scrub them with soap and water.

Gradually the idea of lice had been lost sight of, and for several months previously to her coming to me, the fear of pollution had had a much more extended source. She could not define with any exactness what the *materies pollutionis* was, though she imagined it to be something that was capable of doing her bodily injury in some subtle manner by being absorbed into her system through her hands or other parts.

Some little time before coming under my observation she had extended her fear of contamination to the soap with which she felt compelled to wash her hands, and hence she was obliged to wash them again in pure water in order to remove all traces of the soap. Then, as the towel with which she wiped them dry had been washed with soap, she rinsed her hands in water, and allowed them to dry without the aid of a towel.

In removing her clothes at night preparatory to going to bed, she carefully avoids touching them with her hands, because then she would not have sufficient opportunity for washing. She, therefore, has some one else to loosen the fastenings, and then allows her garments to drop on the floor, where she leaves them. Nothing would persuade her to touch any of her under-clothing after it has been worn till it has been washed.

A great source of anxiety with her is the fact that her clothes are washed in the laundry with the clothing of other people, but she sees no practicable way of escape from this circumstance. It, none the less, however, makes her very unhappy.

When not washing her hands or examining her combs and brushes, she spends nearly all the rest of the day in carefully inspecting every article of furniture, and dusting it many times.

Thus her whole life is one continued round of trouble, anxiety and fear. Her whole character and disposition have changed. She is suspicious of every person and everything.

She is subject to insomnia, frequent headaches and loss of appetite. There are noises in her ears, flashes of light before her eyes, and an utter impossibility of concentrating the attention upon any other subject than the one which has obtained so complete a mastery over her. Her menstruation is scanty and somewhat painful, though regular in other respects.

Ophthalmoscopic examination showed the retinal vessels to be increased in size, and the choroid to be of a deeper hue than is ordinarily met with.

Upon conversing with this young lady I had no difficulty in getting her to admit the absurdity of her ideas. She stated that whenever she reflected upon the subject she was convinced of their erroneous character, but that nevertheless she could not avoid acting as she did, for as soon as she was exposed to any possible source of contamination, the ideas returned in full force. It was only when she had, as she thought, done her best to cleanse her hands, that she doubted the cor-

rectness of her notions which had so thoroughly become a part of her mentality.

Mysophobia is certainly closely allied with various hypochondriacal and hysterical forms of disease. Perhaps the nearest analogue is the sexual hypochondriasis or spermatophobia, of which all of us have seen many cases, and in which the miserable subject is continually haunted with the idea of impotence, softening of the brain, paralysis, etc., merely because he has an occasional nocturnal emission, or mistakes the escape of a little urethral mucus for the passage of semen. I have never, however, seen a case in a male, and though probably there are such, I am sure it is much more common with women than with men.

In several of my cases the affection had lasted two or three years before coming under treatment, and yet there did not appear to be any tendency to development into a more advanced type of mental derangement. The disorder appears to reach its full development in the course of a few months.

At no time is the intelligence of the patient weakened; even when the affection is in its height, or during the existence of a severe exacerbation, she is able to recognize the absurdity of the ideas which overpower her, and to resolve that she will endeavor to combat them; and although not successful in this contest, she nevertheless returns to the struggle day after day.

I have treated all my cases upon one general plan, and this has been so successful that I see no occasion for departing from it. As there is usually a tendency to constipation, I administer every alternate night a pill composed of 0.2 gram of podophyllin and 0.20 gram each of extract of aloes and inspissated ox-gall. Indeed, even were there no constipation I would use this pill, with the object of acting thoroughly on the liver and intestines. The intention is not to violently purge the patient, however, and therefore if it acts too powerfully, one of less quantity should be administered.

In addition I give the bromide of sodium or potassium or calcium, to such an extent as to bring the patient quickly and completely under its influence, and if there is a decided tendency to melancholia I give opium in combination.

It is not long before amelioration begins; the patient's mental strength improves day by day, and she is better able to contend with the ridiculous notions which govern her. The periods during which she is entirely convinced of her errors become longer and more frequent, and the false ideas themselves are less vivid. In the course of three or four months at the utmost, the patient is, according to my experience, free from mental aberration, though greatly reduced in strength. This, however, is not a matter of much consequence. The stoppage of the medication, and the administration of small doses of strychnia, iron and quinine, with cod-liver oil and a full, generous diet, will complete the cure.

All the cases under my care recovered, with the exception of the two now under treatment, and the result with them, as I judge by the steady improvement they have undergone, is merely a matter of time.

**Hydrastis Canadensis.**—Many of the peculiar virtues of *hydrastis* are probably due to the alkaloid berberine, which is contained

in it in the proportion of about four per cent. In fact the so called hydrastin of the eclectics is really the muriate of berberine; while genuine hydrastin is the active principle of the plant, barring berberine, and is distinguished for the resemblance of its action both to quinine and pulsatilla.

In large doses it produces noises and a sensation of rushing in the ears, like those caused by quinine; and it is declared by Bartholow to rank next to quinine in the cure of intermittents, and by others to exceed quinine when there is that obstinate and obstructive complication of gastric and portal disturbance which renders some intermittents so intractable.

It will often cure chronic gastric catarrh and remove that distressing headache which frequently accompanies this disease.

Bartholow says:

"It is one of the best remedies for the stomach-catarrh of chronic alcoholism, and probably the best substitute, when given in full doses, for alcoholic stimulants when their use is sought to be abandoned."

Catarrh of the duodenum is also relieved by it, especially when accompanied by catarrh of the gall ducts and jaundice; and also catarrh of the cystic duct, with inspissation of the bile, and a tendency to gall stones.

In constipation from deficient secretion when the stools are dry and hard it may be depended upon, especially when combined with a little aloin; but torpor of the muscular coat of the intestines is not relieved by it, and requires the addition of ergot, nux vomica or physostigma.

Like pulsatilla it has been used in many other catarrhal affections, such as of the eyes, nose, ears. In follicular pharyngitis and chronic coryza, in chronic catarrh of the intestines and bladder, in chronic gonorrhœa and gleet, excellent effects have been noticed by Bartholow; who also, of course, declares it to be a most efficacious remedy in uterine and vaginal leucorrhœa, and in ulcerations and erosions of the os. It is also recommended in fissure of the anus, ulceration and hemorrhage from the rectal mucous membrane, although hamamelis is preferable; also, in unhealthy and sloughy sores, and old ulcers of the legs; even in syphilitic affections of the mouth, throat and nares, chancre, and some other unhealthy growths. It is said to prevent septic decompositions in wounds and cavities communicating with the external air, and to be only second in efficiency to quinine and salicylic acid.

It is recommended in those glandular swellings which arise from absorption from diseased mucous membranes; while some fanciful authors think that conium is best adapted for those glandular affections which ensue from absorption from the diseases of the skin and other parts.—*The Physician*.

**Wind Spasm.**—Dr. Patterson reports to N. Y. Medical Record, that in the fall of 1877, while attending a lady for a slight indisposition, she informed him that her daughter was troubled with frequent eructations of wind, and wished to know if anything could be done to relieve her.

Upon further inquiry, says the Doctor, I found that she had been troubled with these spells, as she called them, for over six years, and

that lately they had become so frequent and severe as to confine her to the house, not daring to go into society for fear they would come on, as they usually did, upon the least excitement. Her health was breaking down, she was losing flesh, had no appetite, and she feared that, unless a change could be brought about, some local disease might manifest itself, and she feared the result.

The young lady, on being questioned, expressed herself as follows (I use her own words, as far as I remember them) :

"When these spells are coming on, I feel a sense of fullness which begins just below the pit of my stomach, and gradually goes all over me, even to the tip-end of my fingers and toes, until I feel literally as though I should burst, and I can get no relief, either from loosing my clothing or change of position, until at last I commence to belch up large quantities of gas or wind, which will continue to come up sometimes for an hour or more, and which always leaves me in a weak and exhausted condition."

She also informed me that it made no difference as to the kind or quantity of food she ate, and that they would come on sometimes just before meals, at other times just after, then again not for some hours after eating, and that they would sometimes occur during the night.

Having been under the care of several physicians, who had treated her for what they thought to be one of the complicated forms of dyspepsia, I thought myself that it might be one of the severer forms of the nervous type, and therefore treated her with the more common remedies, finally trying almost everything in the pharmacopeia that was suggested for such cases, but with no better success than my predecessors. At last, from my reading and observation of the case, I was led to try the sulphite of sodium, which I used as follows :

R Sodæ sulphis..... 3 ix.

Aq. menth. pip ..... 3 iv.

S. One teaspoonful in half a wineglass of water, after eating.

This my patient took faithfully for two months. During the first two weeks she had four attacks, and there seemed to be no improvement ; but after that time she made a steady and gradual improvement, the number and severity of the spasms diminished, she gained rapidly in health and spirits, and since the end of the eight weeks, although for a time she continued to take the medicine every other day and in smaller doses, she has been entirely free from them.

**Wickersheimer's Preservative Fluid.**—The composition of this fluid is as follows :

R Alum.....	100 grammes.
Common salt.....	25 "
Saltpeter.....	12 "
Potash.....	60 "
Arsenious acid.....	10 "

To be dissolved in 3000 gr. boiling water. On cooling, the liquid is to be filtered. To every two and a half litres, supposing a large quantity to be prepared at once, a litre of glycerine and 250 ccm. of methylic alcohol are to be added. Herr Wickersheimer states that the

bodies of animals or men preserved with this fluid retain their form, color and pliability completely. After several years the muscles look as fresh on section as if they belonged to a recent corpse. For embalming purposes the body is first injected with the fluid, in the proportion of one litre and a half for a child of two years, and of five litres for an adult. It then is immersed in a bath of the fluid for several days, after which it is rubbed dry, swathed in bandages wetted with the fluid, and preserved in an air-tight case. For bodies which are to be dissected the injection alone suffices.

Small vertebrates and invertebrates can be kept simply immersed in the fluid, or if wanted in the dry state may be in it six to twelve days, and then be taken out and dried in the open air. Hollow organs, such as the lungs and intestinal tract, are best injected with it before immersion.

The process seems to have the recommendation of simplicity and cheapness, as well as that of its preserving the natural color and the pliability of the objects treated by it.—*Med. Times*.

**Death from Chloroform.**—Bardleben had witnessed more than 30,000 cases of chloroform narcosis up to 1876, without a death; in this year four fatal cases happened in his clinic, which has led him to employ in future only chloral-chloroform. The first case was that of a boy, aged 12, suffering from white-swelling of the knee, with acute angular contraction. He presented distinct evidences of scrofula and rachitis. Repeated auscultation and percussion excluded any morbid alterations of the thoracic organs. All precautions were taken; the stomach was empty, the clothes loose and horizontal posture secured. The anæsthetic was administered very slowly and with free admixture of atmospheric air. The operation contemplated (stretching of the crooked joint) was carried out without violence, loss of blood, or external wound. Suddenly the heart ceased, respiratory movements continuing quietly and without interference; a few minutes later the latter ceased also, and life could not be restored, although the most energetic efforts were made.

For similar cases, in which death evidently results from primary paralysis of the heart and not from suffocation, Bardleben recommends the subcutaneous use of sulph. strychnia, as proposed by Liebreich; in this case, the measure was resorted to, but too late to be of any avail.

Post-mortem revealed fluidity and dark color of the blood. The sinuses of the encephalon, the great veins of the diameter, and the heart cavities (of which the left ventricle was alone contracted) were full of blood. The heart structure appeared perfectly normal. At the apex of the left lung there was a small shrunken cheesy deposit, the size of a bean; the entire right lung was adherent by old and firm adhesions, was somewhat paler than the left, but completely pervious to air. The bronchial glands were as large as walnuts and contained cretaceous deposits.—*Maryland Med. Journal*.

**Citrate of Caffeine in Asthma.**—Dr. Throwgood, in *Lancet*, says :

In two cases recently I have observed excellent effects follow on the employment of the citrate of caffeine. One patient was an eminent

medical practitioner in a large town in the North. He had suffered most severely from paroxysmal asthma, and the utter failure of a list of approved inhalations and medicines (far too long to be here enumerated), was most distressing. Four grains of citrate of caffeine produced an undue degree of wakefulness, but one grain taken regularly at bed-time, had a most happy effect indeed. So far as we can at present judge, it appears to have been really curative of the asthma. The last report says: "*Pari passu* with the asthma my cough and expectoration have gone, and I now have next to none of either."

In another case, a highly informed and observant patient of Dr. Kingsford's, who had found much benefit from the inhalation of iodide of ethyl for an asthma and bronchitis of twenty years' standing, tried the citrate of caffeine in two-grain doses every afternoon for a fortnight without any marked result. One day, however, being sadly worn out by a protracted attack of bronchial spasm which had lasted for eight hours, this patient took four grains of citrate of caffeine in coffee, with the effect of obtaining immediate relief to the spasm followed by three hours' quiet sleep in his chair. The citrate of caffeine appears to allay the abnormal excitability of the nerve-centers, and then repose ensues as a natural result. I have seen similar calming effect from the use of nux vomica in bad emphysematous asthma, with failing pulmonary innervation, and this soothing and soporific action of remedies reputed nerve-tonics and stimulants in cases of great exhaustion of the nerve-centers is an interesting therapeutical fact, ably set forth by Dr. Milner Fothergill in his Fothergillian prize essay.

**Hemorrhage in Abortion.**—Dr. Griswold, President of Hartford Medical Association, says, in Louisville Medical Journal :

For the last twenty years my reliance has been on a junk or alum in the vagina. If this is not at hand I take the next best thing that is; but a junk of alum is a part of the contents of my medicine-box. It is of the size of a large hen's egg, ovoid in shape, and generally left a little ragged, though without sharp points. Around the middle is cut a groove, about which is tied a bit of strong but not large twine, leaving the ends so that they can hang out of the vagina. No preparation is necessary nor any exposure of the person needed. The egg is introduced endway, turned half round so as to bring the long diameter across the vagina, and pushed downward and then upward against the os. In some cases, especially if the canal is large, I back the egg with sufficient packing to secure its retention in position. If the vagina be small and close, there may be no need at all of the supplementary support.

This treatment is easy, speedy and effectual against further hemorrhage. It has never failed me, and I leave a patient with the feeling that she is safe for the next twelve or fifteen hours, so far as danger from further bleeding is concerned. And I may add that I have never had any unfavorable effects follow its use in any one of the scores of cases in which it has been employed—no fevers, no septicemia, no deaths, no anything untoward—and I have never had occasion to use it the second time in any one case. It can be removed, when desirable either by traction on the cord or by the introduction of the fingers, the coagulated blood fished out, the vagina syringed, and the case further treated as circumstances may require.

Perhaps this is nothing new; but as it is something I have not seen mention made of in any of the standard works that have come under my observation, nor in special papers, nor have ever heard of in the lectures of the schools, I venture to submit it to your columns, and through them to professional notice.

**How to Postpone the Use of Spectacles.**—Dr. W. Cheatham, in the Louisville Medical News, says :

Till lately I had advised the use of spectacles the instant their want is felt, but now we have in sulphate of eserine a remedy (and a safe one, I believe), by which the wearing of glasses can be put off for several years. In presbyopia we have loss of distinct near vision, caused partly by the loss of power in what is known as the ciliary muscle. Eserine is a stimulant to this muscle, producing a contraction, and in that way assists in accommodation.

From my results so far I believe that spectacles may be dispensed with for several years after their want is first felt. I usually order :

R Eserine sulphat..... gr. j.  
Aque dist..... ʒj.

One drop to be put into each eye at bedtime. On account of the artificial myopia produced I order it to be put in at bedtime. It may be dropped in at any time, as the myosis soon passes away.

Besides its employment in glaucoma and other inflammations of the eye, and in presbyopia, I have found it of great use in asthenopic (weak) eyes, depending upon over-sightedness and weakness of accommodation, the latter the result of either overwork, general debility, diphtheria, etc.

Spectacles in presbyopia (the loss of near vision from age) always give ease; but there is a certain discomfort from the use of glasses, besides many objections brought forward by patients, all of which, as a usual thing, can be referred to pride. This pride we should humor as much as possible. If by means of the eserine we can give them as great comfort and preserve their eyes as well as by means of spectacles, I think it proper that we should do so.—*American Med. Journal.*

**Treatment of Hepatic Calculi.**—Dr. T. H. Buckler, N. Y. Medical Journal, in referring to Dr. T. J. Thomas's enumeration of the operation of cutting into the gall-bladder as one of the recent surgical triumphs, asserts that such procedure is unwarrantable. Cholesteric gall-stones can always be dissolved away by large doses of chloroform, especially if combined with succinate of iron. The latter agent also may alone accomplish the desired solution and effect a cure. In Dr. Buckler's last three cases, treated successfully, he gave ten drops of chloroform every four hours, and a teaspoonful of Steward's hydrated succinate of the peroxide of iron half an hour after each meal. He has sometimes given a teaspoonful of chloroform every six hours, without causing any bad symptoms and with the result of a cure within a week. The succinate of iron contains, according to Dr. Buckler, more nascent appropriate oxygen than any other known therapeutic agent, and is one of the best ferruginous preparations, apart from its solvent powers on gall-stones. It is better than nitric acid in affections

of the liver. Chloroform, we are told, on being swallowed, passes into the acini of the liver, then into the bile of the gall-bladder, where it dissolves the gall stone with the inexorable certainty of mathematics. Dr. Buckler's experience with ether, and with the various mineral waters, has led him to consider them of no value in this trouble.—*Canada Lancet*.

[A teaspoonful of chloroform is too large a dose except when the pain is excruciating. We have known it to produce delirium and decided intoxication on more than one occasion.—ED.]

**A Simple Apparatus for the Treatment of Fractures of the Clavicle.**—Dr. C. A. Dugas, in the N. O. Med. and Surg. Journal for January, describes his method of treating fractures of the clavicle. He discards all axillary pads as inefficient and injurious. To meet the usual indications in these fractures he prepares and applies an apparatus as follows :

A square yard of unbleached shirting is cut diagonally so as to form two triangular pieces. To each of the acute angles of one of these pieces a three-inch bandage, four yards long, is sewed. This completes the apparatus. The displacement is then reduced by carrying the shoulder upward, backward and outward. Then the middle of the long side of the triangle is applied beneath the elbow, leaving a margin of four inches behind, the right angle being directed toward the fingers. One of the acute angles with its bandage is now carried between the arm and chest, up to the fractured clavicle, around the back of the neck, over the sound shoulder in front and beneath the axilla, and finally around the arm just above the elbow. The other end of the strip is then carried up, in front of the forearm, to the sound shoulder, behind and beneath the axilla, and around the chest and arm, so as to meet its fellow to be tied to it. Finally, the margin left projecting behind the elbow should be elevated, doubled and stitched, so as to prevent the elbow from sliding out. The strips encircling the arm should also be stitched to prevent displacement.

This bandage is said to be a very comfortable one, easily applied, and efficient.—*Med. Record*.

**Coptis Trifoliata—Gold Thread.**—The ranunculus, or crow-foot tribe of plants, although generally powerful, includes some very mild articles like the *coptis trifoliata*, or gold-thread, which has few special virtues beyond those of the simple bitters to recommend it; but in case of need may be substituted for them, because the bright yellow creeping root from which its popular name is derived is intensely bitter. In New England it is commonly used as a wash for aphthous sore mouth, although there is little or no evidence of its peculiar virtues in this complaint. In short, it is a simple bitter tonic, with some of the anti-periodic virtues of berberine.

It is not an astringent, for no tannin has been found in it; but, like several other plants characterized by bitterness and a yellow color, it contains the alkaloid berberina, than which few, if any, of the known alkaloids are so widely diffused in the vegetable kingdom.

Berberina is especially abundant in the *hydrastis canadensis*, *calumba*, and other plants, and there is little doubt from its extensive diffusion in



plants used in medicine that it is possessed of valuable remedial properties.

One to ten grains of the muriate of berberine may be used per dose.  
—*The Physician.*

**Counter-Irritation in Febrile Phthisis.**—In *Compendium*, Dr. L. M. James gives his opinion on the value of counter-irritation. I think, he says, that remedy has, in our own country, gone into comparative but undeserved disuse in all the forms of consumption. I notice frequently the best of results from its use.

The best forms of counter-irritation in chronic phthisis, ordinarily, I think, are a succession of small blisters, or the use of the tincture or compound tincture of iodine, repeated sufficiently often to produce decided irritation, but not to torture the patient. The inhalation of the fumes of the iodine, when applied to the front of the chest, possibly has some good effect.

When pneumonia, pleurisy, or active congestions of the pulmonary structure supervene in the progress of chronic phthisis, I regard counter-irritation as the best remedy available, and a blister the best form of counter-irritation, used of a size to produce the requisite impression. When attended with high febrile disturbances, antipyretic doses of quinine are suitable.

**Treatment of Chest Diseases by Petroleum.**—Dr. Moubre, writing to the *Gazette des Hopitaux*, gives his experience of petroleum capsules in simple and chronic bronchitis. This balsamic had been brought before the Therapeutic Society by Dr. Blache a year ago, at the instigation of a Paris chemist, who named it Gabian oil, in order to prevent public prejudice. Each capsule contains twenty-five centigrammes of pure petroleum, the ordinary oil not being used, as it has to be distilled in contact with sulphuric acid to render it fit for lighting purposes. At the Hospital Beaujon, where these capsules have been freely ordered for chronic bronchitis, a rapid diminution of the secretion and fits of coughing were observed. In tuberculosis this medicine gave encouraging results.—*Med. and Surg. Reporter.*

**Glycerine in Phthisis.**—Glycerine, says Dr. L. M. James, in *Compendium*, has been frequently used in phthisis. He has used it himself with good results. Physiological experiments show that it promotes the appetite, increases flesh, prevents tissue-waste, as revealed by the diminution of the amount of urea excreted, and becomes directly oxidized—all of them important ends in the treatment of phthisis. It is also found very useful in controlling cough. His own experience with it has been chiefly in combination with alcoholics.

**Phosphorus and its Combinations.**—My own experience with phosphorus has been limited to the use of the rypophosphites. With them uncombined, I have not derived very satisfactory results; but in combination with cod liver oil, they have seemed to exert a good influence.—Dr. L. M. James in *Compendium*.

## SCIENTIFIC ITEMS.

**Paper Pulp From Poplar Wood.**—The Worcester "Spy" says :

It surprises people to see the great logs of poplar wood go through the powerful machine at the Connecticut river pulp mill at Holyoke. The wood as it is brought to the mill is about the size of cord wood used for fuel, and in this shape the machine takes it and gnaws it up very fine. So rapidly does this process go that the machine eats about seven and a half cords of wood a day, and this makes between three and four tons of pulp.

After coming from the machine the wood is put into vats and reduced by the action of chemicals. It is used for the manufacture of news and book paper, and pulp made from spruce wood, which has more fibre than poplar, is sometimes used in the cheaper grades of writing paper. Spruce is harder to reduce to pulp than poplar, and but little of it is used. The poplar trees in this vicinity have long since given out, and the wood is now mostly brought from Canada.—*Gaillard's Med. Journal.*

**Ophthalmoscopic Discovery.**—According to a foreign medical journal, one of the most interesting discoveries, of late, in physiology, is that made by Ball, namely, that the retina of the eye possesses in health a peculiar red color, which is constantly being destroyed by the influence of light, and as constantly being regenerated by the ordinary process of nutrition. The "vision red" or "erythopsin," as the discoverer names it, attains its maximum, after a night's rest and sleep, or when an animal has been kept for some hours in darkness; it is soluble in solutions of the biliary acids and of glycerine, and probably plays a part in the production of the red reflection from the fundus of the eye, seen on ophthalmoscopic examination.—*Journal of Materia Medica.*

**Valuable Sanitary Inventions.**—One of the most gratifying evidences of the progress of sanitary science is the useful inventions it is calling forth. One of the most valuable of these is the Eagle Odorless Apparatus for emptying privy-vaults and cess-pools without offence and without danger to health, the contents being transferred by an air-tight pump to air-tight barrels. The process is as economical as it is convenient and inoffensive, and needs only to be known to be universally adopted.

The air-tight garbage barrels made by the same company are equally to be commended as a convenient and cleanly substitute for that domestic nuisance, the swill-tub.—*Journal of Chemistry.*

A horse-stealing case tried at Lambeth recently revealed the little-known fact that horse-stealers commonly carry a stick of silver nitrate to darken white spots on horses to prevent identification.—*Boston Journal of Chemistry.*

**Remarkable Behavior of Silver Oxide.**—If two measured parts of silver oxide, perfectly dry, are rubbed in a porcelain mortar with one part antimony sulphide, the mixture readily takes fire. The same phenomenon occurs if silver oxide is ground along with amorphous phosphorus. If a drop of phenol is thrown upon silver oxide the latter is partially reduced, with the projection of sparks.—*Drug. Circular.*

**Atoms.**—The blow-pipe, although it had been for centuries employed by jewelers and others in soldering small objects, does not appear to have been brought into use for scientific purposes until about a hundred and fifty years ago, when Antony Swab, a Swede, utilized it in the examination of ores and minerals, for which it is invaluable and of the widest application.

**Tides in Mines.**—During the first six months of the present year, regular tides have been observed in the subterranean waters of the Fortschritt mine in Bohemia. This strange phenomenon has attracted the attention of the Academies of Science of Berlin and Vienna, but as yet no adequate explanation of it has been proposed.—*Drug. Circular.*

The number of telegrams received and sent by French offices rose from 3,600,000 in 1868, to over 11,000,000 in 1878, and last year it must have certainly exceeded 12,000,000. The French telegraphic network had in 1879 an extent of 113,669 kilometres, and at the end of December last year its extent was 171,500 kilometres.

Dr. Oliver Hoff, of San Francisco, who died recently, directed in his will that a monument, not to exceed \$1000 in cost, should be placed over his grave, and forbade any society of which he was a member, or any friends, to pass resolutions of condolence over his decease, or communicate the fact to his friends in the East.

M. Fromme finds that Grove's battery is most efficacious when the nitric acid contains forty per cent. of water; the "strength" of Bunsen decreases with the concentration of the acid, and that of Daniell's increases with the concentration of sulphate of copper solution.

Prof. Erasmus Wilson, the dermatologist, who paid for bringing Cleopatra's needle to London, now proposes to erect, at his own cost, a swimming bath and chapel at Margate, England, to cost not less than \$100,000.

An extraordinary prize of 3000 francs (\$600) has been awarded by the French Academy of Sciences to Dr. Crookes, F. R. S., in recognition of his recent discoveries in molecular physics and radiant matter.

The Volta prize of 50,000 francs (\$10,000) has been awarded to Professor Graham Bell by the committee appointed by the Minister of Public Instruction in France.

After careful examination, Dr. Treuman arrives at the conclusion that no process hitherto invented will keep iron effectively and durably from rust.

## PRACTICAL NOTES AND FORMULÆ.

**Excipients.**—*Bread Crumb* is a useful excipient when balsam of Peru is ordered, or when the ingredients are too moist to make a good mass. Two grains of this will make a mass with one grain carbolic acid or one minim creosote. If the bread is crumbly a very little glycerine and tragacanth excipient may be added.

*Calcium Phosphate* possesses in a very remarkable degree the property of giving a greasy substance, such as lard or mercurial ointment, a good pilular consistence, when added in comparatively small quantity.

*Glycerine* alone is not a good excipient, as pills containing it are liable to absorb moisture, and do not take silver well.

*Glycerine* 1 part, with treacle, 3 parts, is an excellent excipient for pil. aloes et mirrhæ.

**Mucilage.**—Pills made with mucilage become very hard in course of time.

*Spirit* should not be used when there is much resin in the pill, and pills made with it should be rolled off very quickly or they will crumble.

*Tragacanth* gives solidity and elasticity to a mass a little too soft, but if too much be added, the pills become so elastic that it is almost impossible to round them with the finisher.

*Tragacanth and Glycerine* is the best excipient for salts and metallic oxides, such as potassium bromide and bismuth subnitrate. The mass should be well kneaded, or more of the excipient will be used than is really necessary.

Tragacanth excipient for pills:

R Pulv. tragac..... ʒj.  
Glycerine..... ʒiv.

Mix.

Or Tragacanth in powder..... ½ oz.  
Glycerine and water, of each..... 2½ oz.  
Oil of pimento..... 5 drops.

*Wax in small shavings*, with a little powdered soap where not incompatible, is the best excipient for essential oils, carbolic acid, creosote, etc.—*Druggists Circular*.

**Chloroform Vapor in Earache.**—At a recent meeting of the Medical Society of the District of Columbia, Dr. James E. Morgan stated, during a discussion on otitis, that he had often promptly relieved the distressing earache of children by filling the bowl of a common new clay pipe with cotton-wool, upon which he dropped a few drops of chloroform, and inserting the stem carefully into the internal canal, and adjusting his lips over the bowl, blew through the pipe, forcing the chloroform vapor upon the tympanum. Dr. J. Ford Thompson had also accomplished the same relief upon similar principles,—*Boston Journal of Chemistry*.

**Administration of Guaiacum.**—Much attention has lately been paid to the best mode of administering guaiacum. I find that if the alcoholic tincture of the United States pharmacopeia be combined with an equal quantity of liquor potassæ, a perfectly clear solution is obtained, miscible with water in all proportions. The presence of liquor potassæ in the mixture will be advantageous rather than otherwise in most cases in which it is desirable to administer guaiacum. The following formula may prove useful :

R Tincture of guaiacum, U. S. P.....	15 minims.
Solution of potassa.....	15 minims.
Glycerine or syrup.....	1 drachm.
Cinnamon water to complete.....	1 ounce.

Of course the dose may be varied at pleasure, but care must be taken to disguise the burning flavor which renders guaiacum somewhat difficult to manage.—*A. H. F. Cameron, in British Med. Journal.*

**For Diphtheria.**—A physician in Illinois writes :

I have used successfully the following for some years for diphtheria :

R Sulphite soda.....	gr. x.
dissolve in	
Warm water.....	℥i.
then add	
Salicylic acid.....	gr. x.

Dose, a teaspoonful every fifteen to thirty minutes (or oftener) to a child of two years. At same time use beef tea, wine, eggs, quinine, etc. I find this an effective anti-zymotic. In bad cases it must be used for some days.—*Boston Journal of Chemistry.*

**Dr. Mussey's Prescription for Dysmenorrhœa.**—During a discussion on dysmenorrhœa, in the Ohio Medical Society, Dr. W. H. Mussey stated that the following formula was very efficacious in all forms of dysmenorrhœa :

R Pulveris guaiaci resinæ.....	
Terebinthinæ Canadensis .....	aa ℥i.
Olei sassafras.....	℥ii
Alcoholis .....	℥viii.

Macerate for seven days and filter (not strain) ; then add

Hydrargyri chloridi corrosive.....	℥j.
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Dose, from fifteen to thirty drops. It is an old formula and was first used in a prescription in secondary syphilis. As an alterative emmenagogue, it has no equal.—*Journal of Materia Medica.*

**Iodide of Potassium and Calomel.**—It has been frequently observed that the external application of calomel may give rise to severe inflammation of the conjunctiva, if used simultaneously with the administration of iodide of potassium internally. This Dr. Schlæfke explains by the formation of iodate and iodide of mercury, which, in the presence of common salt, or iodide of potassium, are soluble, and act as caustics. He finds that if iodide of potassium be taken twice daily, in half-grain doses, its presence can be constantly detected in the conjunctival sac.—*Med. and Surg. Reporter.*

**The Influence of Varicella on Vaccination.**—On this subject, Dr. A. E. Osborne, of Delaware Co., Pa., writes us:

In your issue for February 14th you mention a case in which varicella had complicated vaccination—the virus laying dormant until the acute disease had run its course. Such cases are certainly interesting, and it might be well to ask of practitioners their experience. I chanced to have a case a couple of years ago, where varicella set in after vaccination (4–5 days), but failed to influence the virus, and I have a case at present in which varicella showed itself on the sixth or seventh day, and has apparently greatly increased the irritation. Both varicella and vaccination have been severe, and have terminated independently of each other.—*Med. Reporter.*

**Damiana.**—A writer in the Medical Tribune says: “I must declare my convictions unhesitatingly, that damiana acts as a regulator of the sexual system and a remedy for its injuries, in both males and females. It is a help, not to say an actual renovator, of the vital power.—It will remedy the condition which produces nymphomania, but promotes the natural sexual desire. I do not use the alcoholic preparations for obvious reasons. It has not the peculiar influence upon the nervous system, and in certain other respects appears to be actually inert. To this fact, I am certain, much of the dissatisfaction of physicians is to be attributed.

**Injury of Eyes from Chloral.**—Dr. G. H. Felton, of Haverhill, Mass., writes to the Medical Record:

An instance has just come to my knowledge in which two young ladies, sisters, suffered injury to the eyes from the use of chloral. I did not ascertain the amount used, but it was apparently administered in the usual small doses, and continued only a very few days. The eyes in both cases became extremely painful, compelling the patients to remain several days in a dark room, and a permanent weakness remains (after two years), requiring the occasional use of colored glasses, and greatly impairing the usefulness of the eyes. Has chloral ever before been known to produce a similar effect?

**Iodoform and Quina in Ulcers.**—In foul ulcers and sluggish wounds, Dr. Williams reports good results from the following:

R Quinia sulphatis..... ʒj.  
Iodoforml ..... gr.xx. M.

Dust the sore several times a day, first washing.—*A Practitioner.*

**Cure of Gleet.**—In his late monogram on gleet, Dr. J. C. O. Will, of London, recommends, as the best and safest of all remedies for the cure of gleet, “the passage once or twice a week of a cold, well-oiled metallic bougie, combined with the internal use of cantharides or ergot.”

**Hog-Cholera Medicine.**—The hog-cholera medicine of Wm. A. Denton consists of alum, sulphate of zinc, Venetian red and capsicum.



## EDITORIAL AND MISCELLANEOUS.

**NOTICE.**—Thanks to all who have remitted their subscriptions. There are many who have not done so. Our friends will please consider that the present improved condition of business affairs, while it makes it easier for them to pay, is hard upon publishers, by reason of the large advance on paper and printing material, while our terms remain the same. Be prompt, therefore, friends, and send up your little dues to the  
MANAGING EDITOR.

The pressure, just at this time, for choice pages by advertisers compels the insertion of one or two advertisements amid our reading matter, but they are so inserted as to be readily omitted in binding the volume, and we trust, therefore, will cause no complaint.

The Georgia Medical Association meets in Augusta on the 21st inst., too late for the proceedings to appear in the present number of our Journal. We trust that the meeting will be a large and interesting one. As to the reception of the delegates there need be no apprehension, as our Augusta brethren are renowned for kindness and the most generous hospitality. Unavoidable circumstances will prevent the attendance of the Editors of the Record at the Association, which they greatly regret.

*The Literary Success of the Century.*—An eminent English authority recently pronounced *Scribner's monthly* "the greatest literary success of the century." The New England *Journal of Education* says: "America may well be proud of such a magazine." The *Illustrated London News* considers it "one of the marvels of the day." The *London Illustrated* (penny) *Paper* says: "With its inimitably finished gems of drawing and engravings, it is the wonder and admiration of the art-world."

The subscription price is \$4.00 a year.

*Compliments to Dr. H. B. Lee.*—At a social repast recently given by Dr. Thos. F. Houston, in honor of Dr. H. B. Lee, a number of medical gentlemen being present, the following resolution, offered by Dr. Thos. S. Powell, was unanimously adopted.

Whereas our fellow citizen and medical friend, Dr. H. B. Lee, Auxiliary Prof. of Obstetrics and Diseases of Women in the Southern Medical College, has decided to remove from our midst to a distant city;

*Resolved*, That we regret the move and will miss him in our social and medical circles. And that we cordially commend him to the Profession and to the community wherein his lot may be cast, as a gentleman of intelligence and honor, worthy of the confidence of medical brethren, and of patronage and success in the profession, or in whatever vocation he may choose to engage.

*The Erythroxyton Coca.*—We invite attention to the advertisement of this article in the present number of the Journal, by the Liebig Laboratory and Chemical Works Company. The New York Medical Journal thus speaks of this article:

"The medical profession is naturally, and very properly so, conser-

vative in its acceptance of new theories, and especially so when extravagant claims are made in behalf of unknown remedies. Especially reluctant have many been with reference to the Coca. The powers claimed for it have seemed quite incredible, and no doubt it would have been dismissed without so much as a second thought, had not such names as Humboldt, Christison, and other equally eminent scientists, travelers and physicians, lent their names to it. The Liebig Laboratory and Chemical Works Company now offer it to the profession in a form which presents many advantages. Thus it is, for instance, well understood that the active principle of the leaf is extremely volatile, and that it is, in consequence, quite or wholly worthless when it reaches us. The Liebig Company overcome this by using in the tonic named only the fluid extract, prepared directly from the freshly-picked leaf. The beef contained in the tonic is from carefully-selected healthy bullocks, and the Company claim that it contains a much larger per centum of albuminoid and nutritive elements than is to be found in other beef tonics and extracts. The coca and beef are dissolved in a choice quality of sherry wine. Whether or not Coca Beef Tonic is all that the Company claims, there can be no doubt that the endorsements of numerous medical men of prominence, who have used it, which the Company display in their offices, indicate that it has merits. The formula is on the bottles."

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*American Medical Association.*—At a meeting of the Committee of Arrangements of the American Medical Association, held in New York December 3d, 1879, the following Committees were appointed :

*Committee on Building.*—Drs. M. A. Pallen, M. H. Burton, W. M. Polk.  
*Reception Committee.*—Drs. Jas. C. Hutchinson, W. M. Polk, M. A. Pallen.

*Committee on Finance.*—Drs. Stephen Smith, A. A. Smith, W. R. Gillette, R. F. Weir, M. H. Burton, E. H. Parker.

*Committee on Business.*—Drs. M. A. Pallen, Jas. C. Hutchinson, Stephen Smith.

*Committee on Invitations.*—Drs. W. M. Polk, R. F. Weir, E. H. Parker.

*Committee on Entertainment.*—Drs. C. J. Pardee, M. A. Pallen, R. F. Weir.

*Committee on Printing.*—Drs. R. F. Weir, Stephen Smith, W. R. Gillette.

S. O. VANDERPOEL, M.D.,

W. R. GILLETTE, M.D.,

Chair. Com. Arrangements.

Sec'y Com. Arrangements.

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### THE AMERICAN MEDICAL ASSOCIATION.

The American Medical Association was appointed to assemble in New York City, June the 1st.

It will probably be one of the largest and most important meetings of the Association ever held since its origin.

We are assured that the Profession of New York will give to the Delegation a reception which will be in full accord with that enlarged and generous hospitality which she has ever maintained. The number and intelligence of the Profession in the city, her colleges, the eminent men connected with them, and the many and varied attractions which she possesses as the great metropolis of the Union, all combine to fit her in an eminent degree as a place for the assembling of the medical talent and wisdom of the Nation.

The Medical Editors' Association will meet on Monday, May 31st, before the meeting of the American Medical Association. The Senior Editor of this Journal, having been honored with the position of President of the Medical Editors' Association, feels in duty bound to be present, and anticipates much pleasure in meeting with his brethren of the quill. He regards the Editors' Convention as a far more important body than many seem to consider it. True it is that in its initial stages its purposes and objects were not well understood, and it has been treated as a social gathering merely, rather than as a business association



having great and important responsibilities. If the medical press has not heretofore exercised a great power, it is certainly destined to do so. The rapidly-increasing number of readers, made necessary by the growing educational demand, of the country, and the advances in all departments of medical science, will soon tell wonderfully, not only upon the Profession, but through them upon the masses everywhere. This power is in the hands of the medical editors, and only awaits co-operative efforts and a clear understanding of the proper methods to be used to develop and wield a mighty influence for good. Herein is the great lever for the promotion of professional unity and brotherhood, and for the elevation of the standard of medical education, about which so much has been said of late years. The responsibility for the low state of medical education rests with the medical press not less than with the colleges. Without the aid of the medical press the colleges cannot hope to succeed in their efforts to raise the standard of education.

Medical societies are important auxiliaries, but they require to be stimulated and encouraged by the journals. It is well, therefore, that an Editors' Association has been instituted. Let it be encouraged by all means, and let every editor who can possibly do so go to New York and join the Association; let harmony and good feeling prevail, and let them work together and vie with each other in developing the medical literature of the country, and in elevating the standard of medical education in the American Union.

The Association of Medical Colleges will also convene in New-York, in advance of the sessions of the American Medical Association. About thirty schools have already connected with this body, and others will doubtless join at the next meeting. It is, therefore, a power which is likely to exert a controlling influence upon the Profession and its destiny in this country. Its responsibility is great; it should take high ground, but should act with "wisdom, justice and moderation," having due regard to the rights and interests of all, and to the impoverished condition of the Southern section of the Union. These institutions, we doubt not, will be found ready and anxious to unite with their brethren of the Association in an onward and upward movement; but let us march together steadily, cautiously, surely,—not by rash and hasty bound, but step by step until we shall have reached together the empyrean heights.

### OUR TRIP TO CINCINNATI.

The managing Editor of this Journal had the good fortune to be among the invited guests in the late great excursion to the Queen city of the West. A trip of nearly 500 miles passing over two great roads, the Western & Atlantic to Chattanooga and the Cincinnati Southern to Cincinnati. The former of these roads, under the able supervision of Gen. McKee, is in splendid condition, the entire equipment and management evincing the work of a master mind. The great Cincinnati Southern, a new road just completed, is also in splendid condition, and is one of the most gigantic human enterprises ever accomplished.

It is scarcely appropriate in a medical journal—nor does our space permit—to detail the many interesting scenes and incidents of the great excursion; the deep cuts, the high embankments and lofty bridges; the twenty-five tunnels, the cliffs, precipices, gorges and cataracts; the magnificent mountain scenery, charming valleys, varied and beautiful landscapes; and then, on arrival, the wonderful display of fire-works, the grand reception, the generous hospitality, the sumptuous banquet, the soul-stirring music and the varied attractions of Cincinnati; these have all been made familiar to the public through the newspapers of the country.

During our stay in the City it was our privilege to enjoy special courtesies from a number of the citizens. Among these we are pleased to mention our brother of the quill, Dr. J. C. Culbertson, one of the editors of that excellent journal the *Lancet & Clinic*. Through his kindness we

were given a delightful and exhilarating drive, visiting many attractive scenes and resorts, among which were the Zoological Garden with its varied and interesting display of animals, birds, etc., and the adjacent suburban parks and groves with their green sward, beautiful walks and magnificent residences, giving evidence of taste, refinement and luxurious wealth.

We had the pleasure also of a social interview with Dr. John A. Murphy, the distinguished Professor of Practice in the Miami Medical College, who extended us many courtesies, and showed us Cincinnati's great Hospital, its structure, its wards and its admirable management.

We also saw Prof. Bramble, the Dean of the Cincinnati College of Medicine and Surgery, who, though confined to his room, with sickness, received us with marked cordiality. We had likewise a social interview with Dr. W. W. Seeley, Prof. of Ophthalmology in the Medical College of Ohio, through whose kindness we were shown the building of that Institution, its museum, laboratory, etc.

*The Drug Houses of Cincinnati.*—We had time only to examine a few of these, and found that a large business in this line is done in Cincinnati. We are indebted to Prof. John M. Lloyd, of the pharmaceutical establishment of Merrill, Thorpe & Lloyd, for special courtesies. He politely and kindly showed us his working laboratory where his fluid extracts and tinctures are prepared, disclosing extensive machinery, percolators and apparatus for the preparation of medicines, to which he gives constant and careful attention. He visited with us Cincinnati's great Library and other places of interest. He is a man of intelligence and energy, and the members of the firm with which he is connected are active, polite and efficient business men.

See their advertisement in this Journal.

*Surgical Instruments, Batteries, etc.*—We met with a very pleasant reception from Mr. Autenrieth, manufacturer of *Surgical and Orthopedical Instruments*, abdominal supporters, trusses, etc. A fine establishment and an excellent business man. See his advertisement.

Among the importers and wholesale druggists and manufacturing chemists of Cincinnati, we mention with pleasure the *House of W. S. Merrill & Co.* It is a large and well conducted establishment, and the gentlemen connected with it polite, active and accommodating business men. An advertisement from this House may be found in the present issue of the Journal.

LOUISVILLE.—On our return we stopped at the beautiful and attractive city of Louisville. Our stay there was brief, but we had the good fortune to meet and enjoy a pleasant interview with Prof. L. P. Yandell, through whose kindness we were permitted to examine University College building, museum, etc. We visited also the Kentucky School of Medicine, and found the spring session progressing, and enjoyed two interesting lectures; one by Prof. Coomes, on physiology; the other by Prof. Mathews, on Surgical Pathology.

We are indebted to Mr. Wyly Wilson, an intelligent student in this school, for an introduction and an agreeable interview with Prof. Mathews, and for other courtesies.

#### BOOK NOTICES.

THE THERAPEUTICS OF GYNECOLOGY AND OBSTETRICS; Comprising the Medical, Dietetic and Hygienic Treatment of Diseases of Women, as set forth by Distinguished Contemporary Specialists. Edited by Wm. B. Atkinson, A.M., M.D., author of Hints in the Obstetric Procedure; Lecturer on Diseases of Children at the Jefferson Medical College; Physician to the Department of Obstetrics and Diseases of Women in Howard Hospital, etc., etc. Philadelphia. 1880.

This work "is the third in a series of Modern Therapeutics, originally

projected by the late Dr. George H. Naphey, but which his death prevented him from completing. The work has been completed under the able supervision of Dr. W. B. Atkinson, whose wide experience in this branch of professional study is a sufficient guarantee that it has been well done."

The first two volumes of the series—*Medical Therapeutics* and *Surgical Therapeutics*—have proven so very useful and acceptable to the profession, that we doubt not the present volume will meet with prompt and favorable reception. From the examination we have made of it, we hesitate not to recommend it as a highly valuable work.

**OBSERVATIONS ON AMPHORIC RESPIRATION AND AMPHORIC RESPIRATORY ECHO**, by M. L. JAMES, M.D., President Richmond Academy of Medicine.

**OTHER SYMPTOMS OF NERVOUS EXHAUSTION, (NEURASTHENIA)**, by GEORGE M. BEARD, A.M., M.D., Member of the New York Academy of Medicine, of the American Academy of Medicine, of the American Neurological Association, etc. Reprinted from the *Journal of Nervous and Mental Disease*, April, 1879. Chicago.

**THE METRIC SYSTEM**, by J. F. BALDWIN, M.D., Columbus, Professor of Anatomy, Columbus Medical College. Remarks made before the Ohio State Medical Society, June 3d, 1879, and ordered published by the Society. Columbus, O.

#### RECEIPTED.

[Receipts not acknowledged privately are entered here.]

1880.—Drs. J. S. Milling; John Hardeman; C. W. Keller; R. L. Seals; S. G. Dilburn; R. D. Caldwell; J. D. Groover; M. V. B. Miller; J. T. McDowell; J. S. Siddham; A. A. Lyon; H. Allison; J. M. Walker; W. S. Morgan; J. S. Bacon; J. M. Pinkston; A. J. Kolb; I. H. Gunter; A. A. Hill; L. M. Lovelace; E. H. M. Parham; W. R. Brawner; B. R. Doyle; A. R. Oglesby; R. T. Walker; L. M. Coleman; J. T. McDowell; Wm. Law; B. F. Phepps.

## SPECIAL NOTICES.

We have received from **Messrs. HENRY THAYER & CO.** a sample of **GRANULATED EXTRACT OF MALT**. This appears to be a pure extract in a form not liable to ferment, thus entirely obviating the objections often made to the liquid preparations. It is easy of transportation, very cleanly for use, and fulfils all the conditions required.

We understand that they will be happy to send a sample to any physician wishing to try it.

**WM. R. WARNER & Co.**—We desire to call the attention of our readers to the advertisement of this house. It is one of the most reliable houses in the United States, and all the preparations which they advertise can be depended upon to be as represented. We have used their medicines ourselves, and have never been disappointed.

It is becoming more and more necessary to make remedies as little repulsive to patients as possible, and therefore those elegant preparations, as are many of the elixirs, syrups, and sugar-coated pills, are becoming popular among physicians; but a frequent drawback is the unreliability of the preparations of many manufacturers. This objection, however, we know, does not hold in regard to those of Warner & Co.—*Cincinnati Medical News*.

**THE NAME PARKE, DAVIS & CO.** on the label of a package has become a guarantee to the physicians of this country, of honesty in the manufacture of the preparation. The firm is reaping the fruits which such a reputation naturally brings, and stands to-day second to no firm of pharmacists in this country in the extent of its business.

The Profession has, moreover, been placed under obligations to it for the great majority of the valuable New Remedies which have during the past few years been added to the materia medica. Inasmuch as it makes a specialty of New Remedies, physicians will do well in testing these to secure **PARKE, DAVIS & Co's** preparations of them before passing judgment on their merits.

The later additions which Parke, Davis & Co. have introduced are **Jamaica Dog Wood**, a substitute for opium; **Manaca**, the Brazilian antirheumatic remedy; and **Ergotæ Purificatus**, a constant preparation of ergot and one peculiarly adapted for hypodermic administration.

T H E

# Southern Medical Record.

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EDITORS:

T. S. POWELL, M.D.    W. T. GOLDSMITH, M.D.    R. C. WORD, M.D.

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*R. C. WORD, M.D., Managing Editor.*

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~~ALL~~ All Communications and Letters on Business connected with the RECORD must  
be addressed to the Managing Editor.

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## ORIGINAL AND SELECTED ARTICLES.

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### *SOME OBJECTIONS TO THE PRESENT THEORIES REGARDING YELLOW FEVER.*

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BY T. B. GREENLEY, OF KENTUCKY.

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It seems that a majority of American physicians hold that yellow fever is an exotic disease, and that it never originates in the United States, but is always imported. Dr. Vanderpoel, Health Officer of the City of New York, and who occupies an eminent standing in the profession, says that Havana is the great yellow fever-breeding depot, or hot-bed from whence we derive the disease. That notwithstanding Vera Cruz and Rio Janeiro suffer from the plague, yet, as far as New York is concerned, there is little danger, from the fact that but little intercourse exists between that city and Vera Cruz; and that as Rio's summer is our winter, there is no danger from intercommunication between the two places, the disease prevailing only in hot weather. He says that Havana is probably one of the most filthy cities in the world, and on that account he would recommend the appointment of a commission by our government to act in concert with one to be appointed by the Spanish government, in order to devise such measures of a sanitary character as will not only render that city healthy, but entirely stamp out yellow fever.

The inference to be drawn from these observations is, of course, that we then would be exempt from all danger of the disease in the

United States. If this theory is true, it would be a very wise precaution, on the part of the government of Spain and our own, to appoint a commission to investigate the sanitary condition of Havana, and institute such measures as would insure improvement in its hygienic condition, without regard to pecuniary expenditure.

But the question might be asked, is this view of the origin of yellow fever correct?

As far as it applies to Havana, and being the generative product of the filthy condition of that city, I believe it is true. But I cannot see why it might not be produced in any locality under the same local sanitary and atmospheric conditions. If filth in the city of Havana can act as a cause to develop yellow fever, why should not filth in New Orleans be susceptible of producing the same result under the same atmospheric influences? It seems to me this question must be answered only in one way, and that is in the affirmative. If like causes produce like results, that is the only view the common sense mind can take of it. Until our people are convinced of the fact that filthy streets and other places in their immediate vicinity may be the means of generating the plague of yellow fever, and not rely on the preventive effects of quarantine, etc., we shall continue at intervals to be troubled with that terrible scourge.

We have already sufficient proofs of its indigenous character, and if we would profit by this knowledge, we must give more attention to sanitary measures in order to protect ourselves from the plague.

Of the fact that it may originate in our country, we have evidence in the epidemic at Savannah in 1876, and in Memphis and New Orleans in 1879, as well as a few isolated cases in a few small towns in Arkansas, Mississippi and Louisiana. I believe Memphis and New Orleans are the only places that suffered from the disease last year that were plagued with it in 1878, this latter city only having a dozen or so of cases. This exemption can be very readily accounted for on the hypothesis of cleanliness. Those places which were so terribly scourged in 1878, with the exception of Memphis, resorted to strenuous sanitary measures, to guard against the recurrence of the disease. The Mayor of New Orleans, as early as the first of May, had raised by contributions over \$100,000 to be expended in renovating and cleaning the streets and alleys, and flushing out the old canal, etc. The stagnant water in the canal with its accumulating filth for years, were removed, the canal flushed out and refilled with fresh water. All this work, of course, cost money, but its fruits resulted in ten-fold benefit to the inhabitants; and so the same may be said of other cities and towns where yellow fever prevailed in 1878.

As to Memphis, it was without city government, and, of course, no

systematic plan of sanitary measures were adopted to guard it against the recurrence of the plague.

I believe it has not been said by the most strenuous advocate of the exotic origin of yellow fever, that it was imported into either New Orleans or Memphis during the year 1879. Some go so far as to say that the germs of the disease lived through the winter in a dormant or hibernated condition, and were vivified by returning warm weather. If either the hypothetical view of importation or hibernation could be true, as it respects Memphis, it must be the latter, as the disease occurred there several weeks before the few cases occurred in New Orleans. The first case in Memphis occurred on the 9th of July in the person of Mulbrandon. It is said that the disease existed in his house in 1878; and thence the idea of the dormant germ.

There are so many theories in regard to the origin and spread of yellow fever, it is a hard matter for one to keep posted, much more to believe all of them. Where there are so many different views and opinions regarding any one thing, it is pretty strong proof that it is either poorly understood, or that the subject is somewhat obscure and troublesome to investigate. But in the present instance I believe, notwithstanding the many phases of opinion, all agree that filth, if not a generator, is a great promoter of the disease. Then, this being an admitted factor in developing yellow fever by all the theorists, why should not cleanliness be made a *sine qua non* in all sections of the country where the disease is likely to prevail?

Although admitting the local origin of yellow fever, I cannot believe in its being contagious from person to person, or that it is susceptible of being communicated by means of clothing, bedding, etc.

If the theory of its production by filth be true, which, as before remarked, I have no doubt, it would not necessarily follow that the disease itself would be contagious. The poisonous element emanating from the filth enters the body, in all probability, through the respiratory organs, and produces its deleterious effects on the circulatory and nervous systems, and in due time we have the disease developed. But admitting its contagious character, would it be reasonable to suppose that a case being communicated from personal contagion would be similar in all its symptoms with one originating from filth, the other from personal effluvia? In other words, we would have the same disease with two separate and distinct causes. This, in my estimation, would be an unnatural supposition. In order to believe this proposition, we must conclude that the filth-germ can reproduce itself in the system of the patient, and thus perpetuate itself ad infinitum.

But this doctrine does not comport with the old-time maxim that similar causes produce similar results. It would be a difficult matter

to believe that the effluvia from a pile of filth in the street, and the effluvia from the body of a patient, could produce similar deleterious effects on the human system, and they would alike be contagious. The seeds being essentially different in their origin and character, should, according to natural laws, produce different and unlike results; or, as you might say, distinct and unlike crops. The product of the dirt pile must be distinct and very different from the product of the fever as emanating from the human body.

Then, as it respects the contagion of yellow fever, if that property of the disease exists, it must be entirely different in its effects and characteristics from any other known contagious disease. It is admitted by all that it is not communicable except under certain and peculiar circumstances.

In the first place, it cannot exist except in warm weather, and then only in localities where the sanitary condition is very bad. There must be a congenial soil in which to germinate its seeds, or there will be no crop. There is no other contagious disease possessing these peculiarities. Then we have no evidence that one attack will guard against a recurrence of the disease.

To be sure the climatic influences amount to something, in the way of prophylaxis, but there is no proof that a person having had the disease in the South, and changing his residence to the North for several years, would be any more exempt from attack, should he return South during an epidemic, than any one who had never experienced its effects.

This entirely varies from all contagious diseases, except those depending on contact for their propagation. I am speaking of the general law of contagious diseases, wherein one attack protects against a recurrence of the disease. Of course, there are exceptions now and then to all general laws.

We also frequently find yellow fever occurring in sound localities at the same time in the same town, the outbreaks being within a few days of each other. This is also contrary to the spread of known contagious diseases, as they have a certain number of days for incubation, or latency, before the development of the attack; and when they do spread, it is from a center or focus of the disease in action. I am unable to note a single characteristic of this disease which simulates any known contagious malady.

The theory that it can only be communicated through clothing, and not from the patient himself, I consider one of the most absurd ideas ever advanced by able and scientific men. It would strike the common-sense mind, to say the least, as being very unreasonable to suppose the contagious element, whatever that may be, would gather

strongest after it left the body and enter the clothing or bedding of the patient. Of course, if there is any contagious principle, it must emanate from the body of the patient, and one would suppose it was as strong on its exit therefrom as it would be a week hence, transmitted a thousand miles, through clothing, etc. And yet this theory has its advocates among the most eminent of the profession, one of whom was the able and lamentable Woodworth, of the U. S. Marine Hospital Service. If this theory was true it would also conflict with the character of the contagia of other diseases, as the fresher they are from the body of the patient, the stronger they are.

The virus, even, of the small pox, exposed to the atmosphere, will, in a very short time, become inert. As before remarked, no difference what theory, either as to the origin or propagation of yellow fever, all agree in the two grand particulars, to wit : that cleanliness is an essential factor to prevent its occurrence, and that frost is its deadly enemy.

Now, to what conclusion would these two characteristics of the disease lead us? In what other diseases do we recognize these prominent characteristics as analogues? The answer is very palpable to all men who have experience in the treatment of malarial diseases. If our theoretical friends who attach so much importance to the infinitesimal germ were to give us all the necessary precautions, in a sanitary point of view, to ward off malarial troubles, they could not do so more accurately and precise than they do in order that we shall escape the scourge of yellow fever. Notwithstanding all this laudable advice, they seem never once to think that all the characteristics, both as to its origin and its propagation, may be satisfactorily, as well as scientifically, accounted for in precisely the same way we account for the various acknowledged malarial diseases which prevail in our country.

But some will say, that is too severe and fatal a disease to depend simply on malaria as its cause. This objection may be answered by reciting the sudden deaths resulting from congestive or pernicious chills. This disease destroys life in a shorter time, even, than yellow fever. All will admit it is a disease dependent on malaria. Then too we might cite congestive remittent, a disease simulating very closely in its symptoms that of yellow fever. In fact, I have no doubt the one has, in many instances, been mistaken for the other. Then the objection that it is a disease too grave in its character to depend on malaria will not obtain. We may have mild cases of yellow fever as well as mild cases of remittent fever. There is no doubt, however, that it is essential that a more intense degree or character of malarious poison shall be present, to develop an epidemic of yellow fever, than is necessary to produce either intermittent or remittent fever.

I am impelled to the opinion that it is good philosophy to account



for all phenomena on the most common sense principles, where it can be done; and where it cannot, then we may be allowed to hypothecate some theory, no matter if it is a little metaphysical. But I am fully aware how hard it is to give up preconceived notions, but when we can do so for more rational views, I think it is our duty, and receive due credit for honest convictions.

So far as the theory of exotic origin of yellow fever is concerned, Dr. Woodhull was fully satisfied of its error, as far as it pertained to Savannah in 1876, notwithstanding his preconceived opinion to the contrary.

Our able brother, Dr. Green, late President of the Georgia Medical Society, believes the yellow fever germ acts in conjunction with the malarial germ in developing the disease, which is really equivalent to the general opinion that it is essential that certain bad sanitary conditions should exist, in order that the fever germ may take root and develop the disease. This is an acknowledgement on the part of the Doctor in the right direction.

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### KELOID OR CHELOID.

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BY LINDSAY JONHSON, M.D., DEMONSTRATOR OF ANATOMY IN  
SOUTHERN MEDICAL COLLEGE OF ATLANTA, GA.

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Having met in practice a case of rare affection, first described by Alibert under the name of cancrroid, and subsequently under that of Cheloid or Keloid, from the fancied resemblance of the disease to a tortoise, I thought that a brief history of this particular case would be acceptable to the many readers of your popular journal.

That the patient in question possessed a peculiar *diathesis* which developed the disease, I have not the slightest doubt. This fact I shall endeavor to make incontrovertible; and this fact, perhaps more than anything else, influenced me to attempt a history of the case.

During the harvesting season of 1878, the patient often having bound and handled wheat for two days, became rather suddenly and excessively annoyed by an intolerable itching and burning of skin over the chest, the intensity of which lasted for hours, notwithstanding every and all available means were employed for its relief. The severity of the symptoms having passed off, nothing more was done, all present agreeing that the catastrophe was due to the irritation caused by the rubbing of the wheat straw against his breast, while engaged in forming the wheat into bundles; nor was the laceration of the skin by the finger nails in the act of scratching considered worthy of notice.

Not more than a fortnight after this the patient came to my office,

and after exhibiting to view the cause of his anxiety, gave the above history.

Immediately over the middle sternal bone was situated an irregular mass of outgrowth, smooth, shining, glistening, and presenting very much the appearance of the scar of a burn. From the center of this mass, certainly an outgrowth of the fibro-cellular tissue of the skin, sprang processes or prolongations of contracted tissue, radiating in various directions, affording the whole a configuration of the devil-fish.

I have said that the disease in this case was the result of a peculiar diathesis, and base my position upon the subsequent history of the case. Prior to the appearance of this keloid affection, the patient had been entirely free from anything that could suggest the possibility of such a condition. His morality was proverbial, and the possibility of venereal positively excluded—save hereditary transmission—a thing hardly to be considered.

Well, now in the first place, I took a clean, new bistoury, made several scratches on his arm, about three inches above the elbow, exciting slight irritation, in some places going deep enough to draw blood. I then gave a placebo and instructed him to return in three weeks. He did so, and, to my utter astonishment, the very same keloid condition existed here as upon his breast, though hardly to such a degree. Not yet satisfied, I prevailed upon him to let me repeat the operation elsewhere, promising him treatment gratis. Suffice it to say the same condition had supervened as existed upon the breast and arm.

I will not go further into the history of the disease, nor of this case, than to say that the result of treatment in this instance refutes the general belief that the disease is incurable.

The treatment pursued was strictly alterative and tonic, with the local application of emollient and absorbent unguents. Internally I administered iodoform and quinia; iodoform and ferrum reduc., alternating with hydrg. biniodid and extract sarsaparilla fl., at the same time using locally ung. iodinii co. et ung. petrolei, partes equales, well rubbed on twice daily.

The result was altogether satisfactory, not the slightest manifestation of the disease existing at the end of four months, and up to the present there is still no indication that the affection will ever return.

In this article I have refrained from anything like a history of the disease as described by Alibert, nor have I thought it necessary to enter into full details as to the causes—traumatic and idiopathic—which give rise to the disease, except in the subject-case.

That the affection was a veritable keloid I think no one will doubt, and that keloid is not incurable under the given line of treatment, I further think is established beyond any peradventure.

### *IS IT INHERITED PARALYSIS?*

BY L. W. WEATHERS, M.D., OF ARKANSAS.

*Editor Southern Medical Record* :—You will please allow me space in your columns to present to our Profession the following case.

Mr. R—, by occupation a well-to-do farmer, stout, healthy, jovial gentleman, says he enjoys perfect health, and has all his life—and has every appearance of it—and while he is a good friend of the doctors when his family is sick, yet he laughs at them and tells them he has no need for their medicines.

Now the nature of the case to be considered. Mr. R. is now living with his third wife, who is the mother of five children—four boys and one girl; and, strange to say, while the children are as sprightly, fine looking as you generally find, the boys all become paralyzed and die at the age of two and four years. Their intellectual development is rather precocious.

The mother is a stout, healthy lady and from healthy parentage, a remarkably stout, healthy family, for I am personally acquainted with her people. The difference in age of wife and husband is, I presume, twenty years, he being her senior.

I know that paralysis is said to be traceable to vice, intemperance, etc., but we can find nothing of this nature to give us any light. On both sides of the house they are perfectly healthy. Mr. R— is the father of seven children, and at present his girls are all living, and no symptoms of this disease with them. Even the girl by his present or third wife is perfectly healthy, and being physician to the family I affirm that what I have herein stated is true.

Having studied this to the best advantage and finding no discernible cause, I respectfully submit it to the Profession for further information.

[We hope that some member of the Profession will respond to the above communication.—ED. RECORD.]

### *PARTIAL PARALYSIS AND WANT OF CO-ORDINATION FROM IRRITATION OF THE GENITAL ORGANS.*

BY LEWIS A. SAYRE, M.D., OF NEW YORK.

This subject of irritation of the genital organs, and the very serious results that are apt to occur in connection with it, is not, I am sorry to say, appreciated by the profession at large to the extent that it should be; though I for one, at least, have done all that I could to direct attention to the matter. It is one of such great importance that you cannot be too constantly on your guard respecting it; the truth of which statement, I think, is well illustrated by the remarkable case

which I will now read to you. "John English, aged forty-six, native of England, widower, clerk by occupation. Admitted to Workhouse Hospital, Blackwell's Island, December 23, 1878. Patient had been at work for a week, as a prisoner. On the 23d he was noticed to be restless and uneasy, and finally in the evening he fell from his bunk in a fit. During the next forty-eight hours he had several convulsions (eight or nine altogether), and in the intervals between them lay in a semi-comatose condition, showing no consciousness except to stir a limb when pinched. Pulse 120, temperature 101.5° F., respiration 18. Swallowed nothing, and passed fæces in bed. He continued in this state until the evening of December 25th (the temperature in the meanwhile having fallen to 100° F.), when a string was discovered passed twice around the penis just behind the corona and tied, the long prepuce serving to conceal it from notice. While this was not sufficiently tight to cause occlusion of the urethral canal, it had given rise to the formation of a firm, indurated band, which did not altogether disappear for four or five days after the string had been removed. Within one hour from the removal of the latter the man sat up and asked for milk, and from this time remained perfectly well, being under observation for fully three months. He declared that he remembered nothing that had taken place during the three days previous. This patient had never before been subject to 'fits,' and although he confessed that he was moderately addicted to drink denied venereal, and said that he had led a 'virtuous life' since the death of his wife, two years before."

In children a certain amount of agglutination between the glans penis and the prepuce covering it is normal in early life, while the prepuce gradually unfolds until the age of puberty, when the glans can be uncovered without difficulty. But sometimes, instead of merely an agglutination, there is actual adhesion, and, as a result of this, there accumulates behind the corona a ring of hardened smegma, which consists principally of earth deposits from the urine. This concretion, which is almost as hard as stone, being tightly imprisoned by the narrow prepuce, produces so much irritation that the penis is kept in a constant state of erection, and the entire nervous system of the child becomes profoundly affected. On looking at the little fellow now before you, you observe the marked pallor of his countenance, and this is a characteristic feature of all these cases, on account of the constant worry and strain to which the patient is subjected. When we come to examine the penis we do not wonder that he has a continual desire to pass his water, for even in this state of quiescence we find that the meatus and the surrounding mucous membrane are very red, as though there were urethritis present. When I touch with my finger the orifice of the urethra, you notice that an instant spasm of both lower extremities is produced by the irritation, and hence you can readily see how the constant pressure of the child's clothing will act in keeping up an excitation and a more or less permanent state of erection in the penis. You all know what a powerful impression an ordinary erection, lasting but a few moments, makes upon the whole organism in the adult, and from this you can judge what an enormous strain upon the system must be constantly kept up in the case of a young child where there is such a state of affairs as exists here.

There is but one way to effect a cure in such a case as this, and that

is by operating upon the organ where the seat of difficulty lies. In some instances it is sufficient merely to slit up the narrow prepuce, and thus release the glans from its imprisonment; but where there is great redundancy of this part, as in the present patient, it is necessary to remove a considerable portion of it by circumcision. In performing the operation, I first draw the prepuce well forward with the fingers, and grasp it in front of the glans with a pair of flat-bladed forceps made for the purpose, when I snip off cleanly with the scissors all the portion in front of the forceps. I can now readily draw back the integument over the glans, but not the mucous membrane, which has not been reached in the cutting, and so still remains tightly around the part. Should we go no further in our operation than this, we should do our patient more harm than good; and, accordingly, having inserted a grooved director under the mucous membrane, I divide it along the dorsum of the penis for a sufficient distance, and then pull it back from the glans, at the same time breaking up such adhesions as are met with. I have now uncovered the glans, and you observe the ring of hardened smegma which is always found behind the corona in these cases, and, having cleared that all away, I take the glans between the fingers and tear the frænum in two. The head of the penis is therefore at length completely barred. It is sometimes necessary to take a stitch or two between the edges of the skin and mucous membrane, but it is always better to avoid this if possible. By cutting the mucous membrane back to the corona, and thus dividing or tearing the frænum, as you have just seen me do, we are usually able to bring the two edges into close opposition, and sutures are thus rendered unnecessary.

The dressing to be applied after the operation is a simple one. Drawing back the prepuce sufficiently to expose the whole glans, and bringing the edges of the skin and mucous membrane close in contact, I apply a little styptic cotton or persulphate of iron to the torn frænum, and place small strips of old linen rag behind the corona in such a way that the cut edges of the skin and mucous membrane will be retained in their proper position. These should not be tied, but simply laid on loosely, so that if there is any swelling of the parts following the operation the penis will not be tightly constricted and its circulation interfered with. They should then be allowed to remain in position, the blood drying in them, until they fall off of themselves, when, if all goes well, it will be found that the parts have all perfectly healed, and the operation has been a complete success. I next place, externally, a little more styptic cotton, so as to assist in coagulating the blood without interfering with primary adhesion between the cut edges, which is sometimes the case if it is applied directly to the raw surface. In order to protect the exposed glans from friction by the clothing or other pressure, we put a handkerchief or piece of cotton batting, twisted somewhat into the shape of a ring, around the penis, and lay a linen cloth wet with cold water (which can be renewed as often as is desired without disturbing the rest of the dressing) just over the glans. Finally, an ordinary diaper is pinned on, in order to keep the whole in position.

If the mother will be kind enough to bring this child back at the end of a fortnight, I am sure that even in that short time we shall find a marked improvement in the case. In the meanwhile I can, from a

very large experience with similar cases, prophesy with confidence that the little patient will sleep quietly from the very first night, and be no more trouble with any nightmares; and if it should turn out that what we have now done for him should be the means of restoring function to his paralyzed muscles, it will certainly be a very extraordinary way of curing "chronic disease of the knee-joint."

In connection with this case I will refer briefly to another, of similar character as regards the origin of the trouble present, though somewhat different in its manifestations, which, as many of you will no doubt recall, was at the clinic a few weeks ago, and which I mention now because it presented some points of more than ordinary interest. The patient, you remember, was the child of a physician, residing at a distance, and was brought here by the father himself. This was the second occasion on which the latter had consulted me in reference to him; the first time having been more than six months before, in April last. At that time he was four years of age, and had never been able to walk. He could not even stand without assistance, and then his legs were always more or less flexed, as it was impossible for him to straighten them out when any weight was resting upon them. He was large and fat, but his flesh was flabby, and he presented the same pale and waxy appearance that the child just operated upon does, while he lacked to a very marked degree the power of controlling his muscles. This was especially the case as regards those of the tongue; so that when he attempted to talk he always stammered badly. Nevertheless he was quite as intelligent and quick-witted as any child of his age, and, as evinced by the expression of his countenance, comprehended perfectly everything that was said to him, though he was, unfortunately, unable to reply. He never rested well when asleep, and frequently seemed to suffer from nightmares. Moreover, it was ascertained that he had almost constant priapism, and that there was a continual dribbling of urine from the penis, while he was unable to eject a full stream in the right direction.

On making an examination of the genitals, I found that it was impossible to uncover the glans, as the prepuce was narrow and firmly adherent, just as in the case of to-day. From previous experience, therefore, I felt justified in concluding at once that here was the source of all the reflex irritation present, and advised in the strongest terms that the doctor should have him circumcised. Accordingly, he was taken home, and this was done, as was thought, but, unfortunately, it was performed in such an imperfect manner by the surgeon who attempted it that it resulted in no permanent benefit; for the prepuce was merely slit up along the dorsum of the penis, while the mucous membrane remained intact, and the glans was really never uncovered. Yet immediately after the operation, incomplete as it was, the stammering disappeared, and the child for the first time in its life was able to speak distinctly. The parents were delighted, and on account of the improvement which resulted so quickly they felt assured that their darling would soon be restored to perfect health. But, alas, their hopes were short-lived, and at the end of three months the child was as bad in every respect as he was before. It was on account of this relapse that they came to consult me the second time.

When I examined the penis I found that the prepuce was firmly ad-

herent, as before, and that there was a long projecting piece of integument, which had been left by the operation. You remember that I then in your presence performed circumcision in the proper manner, just as I have done to-day, and as it ought to have been done at first. When the glans was uncovered, the father remarked that it was nearly twice as large as it had been at the time of the first operation, a few months ago; which shows that its regular development had been interfered with by the abnormally narrow and constricted prepuce. Four hours after the operation I called to see the little patient at his hotel, just as the family were on the point of leaving town, and when I entered the room he immediately called out to me, "How do you do, Dr. Sayre?" in the most unhesitating and distinct manner, and you will recollect that just before the operation he could hardly articulate distinctly. Finally, I wish to bring back to your minds to-day still another case, which was here just before the physician's child, and which was of a more aggravated character than either it or the one operated on this morning. This was a boy from Norfolk, Virginia, fourteen years of age, who had been brought to me first nearly two years previously, by Dr. Norcom, of North Carolina. Up to that time he had been supposed to be hopelessly idiotic; while he had never been able to feed himself, to speak an intelligible word, to walk, or even to stand up, so that he required the constant services of a nurse, both by day and by night. As I found, however, that he was subject to continual priapism, and that the prepuce was constricted and adherent, I believed there was still hope for him, and, accordingly, performed circumcision. Directions having been given for the frequent manipulation of the feeble muscles, and the application of electricity to them, in addition, he was sent home, with the request that he should be brought back to New York about once in six months, so that I could observe the progress in the case. From the first there has been a gradual but altogether satisfactory improvement, and for some time now he has been able to get about very nicely with the assistance of a wheel-crutch; while his faculties seem to have become developed, and he is able to speak with considerable facility. These cases, I think, will be sufficient to convince you of the very great importance of this matter; and if the consideration of them will enable any of you to discover the real cause of the phenomena presented by patients suffering in this way, and to adopt the proper method of treating them, I will not have talked in vain upon the subject.—*Boston Med. Surg. Journal.*

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#### *INSANITY A SYMPTOM OF UTERINE DISEASE.*

Dr. J. G. Meachem, of Racine, Wis., reports in the Chicago Med. Gazette, two cases of insanity caused by ulceration of the cervix uteri, and cured by appropriate treatment directed to that condition.

A few years ago, he says, I received a letter from a lady in the Northern part of this State, asking me if I could do anything to relieve friend of hers who was insane. She gave me as a history that the patient was a female not far from forty years of age. Her insanity came on somewhat suddenly a few weeks after a premature confinement (six months' term), and had lasted nearly a year, some months of which

time she had spent in one of our State Hospitals for insane. She had been removed, however, contrary to the wishes of the medical officers of the institution. She had had a good deal of treatment other than at the hospital, all of which resulted in little or no good. My answer to my inquiring friend was that I must see the patient in order to be able to give an opinion at all reliable; that the causes of insanity were many and various; but this case, coming on at the period mentioned, might have some connection with uterine disease, and if so, reasonable hope existed for recovery.

In about two weeks from my writing the patient was brought to my office, with two attendants. She was quite wild at times, and at others quiet and gloomy. It was with some effort that we prevailed upon her to submit to an examination, but after a little it was satisfactorily accomplished. The speculum revealed a most extensive ulceration of the cervix extending far up within the os. This quite convinced me that we had found the key to the difficulty, as it was not the first case of the kind that I had met with. I at once applied a strong solution of nitrate of silver, to which was added two or three drops of nitric acid. The cauterization was most thorough, but the parts were well washed with warm soft water afterward. The day following, she was more like her former self than she had been for months.

I prescribed for her.

R Quiniae and ferri citrat..... 3 ij.  
Vin. porten..... 3 vj.

Dose, a teaspoonful before each meal.

R Mass. hyd. .... ʒj.  
Ext. hyoscliam..... gr. v.  
" nucis vomicae..... gr. jss. M.  
Ft. pil. No. v.

Dose, one to be taken an hour after dinner.

R Potass. bromid..... 3 j.  
Syr. simplicis..... 3 ij. M.

Dose, a teaspoonful at bed-time.

She remained in the city under my care for two months, and after the first three weeks came regularly to my office by herself, so rapidly had she improved. She returned to her home a little sooner than I desired her to, but she promised to come again to Racine if she found the least necessity for it. She had been separated from her family so long, as she said, for more than a year (the period of her insanity being a blank), and that she was now so well that she could not see it her duty to remain away longer. I will state that, some time before coming to me, she had made several attempts to destroy herself. She had a kind husband and several loving children, but with whom she had had no comfort during the continuance of her insanity, nor they with her, as there was a mutual fear lest one party might do some desperate act of violence to the other. She did not return for further treatment, for she has ever since been well and most happy with her family, and her gratitude has been equal to her happiness.

Another case somewhat similar is that of Mrs. H., a German, of Kenosha county, in this State, aged 38 years. She was the mother of



several children, and they had come along in rather quick succession, besides being obliged to do a good deal of outdoor work on the farm (her husband being a farmer), her physical powers had become considerably reduced. She became morose, despondent, and finally, at intervals, perfectly insane. This condition had continued for three months, but during the whole period she had no medical treatment. She became so bad that the husband was obliged to make application for her admission to the insane hospital, and called upon me to visit her for the purpose of certifying to her insanity. After seeing her and getting her history, as stated above, I suggested to her husband that she might possibly be suffering from uterine disease, and before sending her off I would like to make an examination, as perhaps she might be cured at home. After some solicitation and management with the patient, I succeeded, and found almost the exact condition as in case first. Similar treatment, of two months' continuance, resulted in a perfect cure, and to-day she is a hearty, vigorous woman.

The insanity in both of these cases was symptomatic of extensive uterine ulceration.

Is not this condition many times overlooked in the treatment of insane females, even at our public hospitals, on account of the great difficulty of making satisfactory examinations of such patients as often as is necessary for their successful treatment?

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#### NEW METHOD OF ARRESTING POST PARTUM HEMORRHAGE.

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We find in The Practitioner a Paper read before the New York Academy of Medicine, by Isaac E. Taylor, M.D., of New York.

- 1st.—*Flagellation of the Child's Back previous to its complete Delivery, as a Preventive of Uterine Hemorrhage.*
- 2d.—*Flagellation of the Abdomen of the Woman after the Delivery of the Placenta, as a Substitute for the Introduction of the Hand into the Uterine Cavity.*

The writer thus states his two propositions :

*First.*—Flagellation or spanking the child's back moderately, every now and then, after the delivery of the shoulders, permitting the breech and the extremities of the child to remain in the vagina, and the feet thus placed in apposition with or in the cervix uteri, remaining for fifteen or twenty minutes or more without being withdrawn. Pressure over the uterus by the hand is to be avoided till the delivery of the child, which should be slow and gradual, as it might effect the delivery of the child before we have gained our object, and at the same time the spanking should be quick but gentle, and not too harsh, and continued until the delivery of the child is completed.

*Second.*—After the delivery of the placenta, should hemorrhage occur, expose the abdomen, and flagellate it with a towel doubled up, the ends held in the hand, saturated or not with ice water. Several rapid and powerful strokes should be made, when the unrecognized uterus will be almost immediately felt contracting or contracted, no matter

how profuse or rapid the flow may be. In one instance, having ocular demonstration after the delivery of the placenta, the stream of blood was as large, full and rapid as that which flows from a Croton faucet.

Should uterine contraction ensue and relaxation take place, a milder application of the same means may be resorted to, till the contraction is deemed secure, and other measures adopted if necessary.

There can be no procrastination or temporizing action in these sudden and violent cases. The appearance of the method to those present, or to the patient herself, if conscious, with the suddenness and rapidity of its application, may seem harsh, abrupt and unnecessary. We have, however, nothing to do with appearances or feelings in such critical emergencies. We are imperatively reminded that life or death is swaying in the balance. Duty commands decided and prompt action. By this procedure I have in some instances had the gratification of feeling the apparently lifeless organ fold itself up under the touch, the uterus contracting or contracted, and our patient's life safe certainly for the time being. Under such circumstances, hot or cold water injections, as well as the hand internally, has, in many instances, failed to arouse into contraction the perfectly atonic or moribund organ.

After contraction has once been secured, then that treatment which the views or experience of the medical attendant may elect can be pursued, whether by hot water or cold, externally or internally, or mixed with other substances, or by tincture iodine or sulphate of iron, accompanied with the ordinary and usual manipulations externally over the uterus.

The principles upon which this method is based may be gathered from the following quotation :

"After the delivery of the child, it is a recognized fact that the tender surfaces of the vagina and cervix uteri become more instantly excitor, and when they are touched the motor irritation of the uterus will be more susceptible and quickly provoked and more rapid than when acting alone. The vaginal and the cervical excitor nerves are not only in relation to the true spinal marrow, or medulla spinalis, but they are in consonance with the medulla oblongata and cerebellum. The excitation of the vaginal and cervical nerves, therefore, through reflex action, arouses the motor nerves going to the body of the uterus, and they become instantaneously engaged, or brought into action, by the irritation or titillation of the child's feet when the back is slapped, aided through the distension of the vagina by the breech of the child.

"The physiological views presented and so generally accepted respecting the innervation of the uterus, have lately been investigated and attested by Hauk and Halle, by numerous experiments on animals, affirming that the nerve centres regulating the uterine contractions are centered in the cerebellum, medulla oblongata, and the lumbar portion of the spinal cord. We recognize, therefore, that superficial excitation electrically of the cerebral convolutions causes no uterine contraction.

"Excitation of the vagus, when alone, has no effect on the uterus.

"Excitation of the cord, when the sympathetic and the sacral nerves are divided, has no effect on the uterus.

"Excitation of the uterus itself calls forth only local muscular move-

ment, and no strong general contraction of the organ. Unless, therefore, the reflex nervous system can be brought into action, when the general nervous system has suffered or become prostrated through a tedious and prolonged labor, or idiosyncrasy of constitution or exhaustion consequent on profuse flooding, giving rise, as it will in some cases, to almost complete anæmia of that organ—if, under these circumstances, we cannot rouse into action that vitally important system, and produce contraction of the uterus quickly and promptly, but rest content with the direct method, or irritation through the uterine nerves almost solely, whether by external or internal means, an unfavorable issue dependent upon the want of excitation, whatever that may be, of the reflex system will occur, and the patient will be more likely to die. I do not forget that another external and important physical agent is resorted to sometimes, originally suggested by Gooch—that is cold water dashed or poured from a height, on the abdomen when exposed—one to all appearance closely allied in principle to the method I propose. The shock, however, produced by these means may be so transient as to create no permanent effect in some cases."

The following cases are given as illustrative of this plan.

*Case 1.*—A few years since I was engaged to act in consultation with Dr. G—— in the case of Mrs. V——. Her confinements had been of the ordinary character, accompanied by severe pains, though the labor was not prolonged. This was her fourth confinement. Profuse flooding occurred always after the birth of the child, and the patient was left in a critical state for some time afterward. There was also considerable difficulty in arresting them. The child was above the average weight. I was notified of the event a few hours after the commencement of the labor. When I arrived I was ushered into a room adjoining hers. I was informed shortly after that the labor was progressing favorably—natural presentation and so on. An hour afterward, judging from the strenuous efforts the patient was making and the nature of her pains, the delivery must be near at hand. It was evident if my services were to be of any value, with the view I held, I could be of no assistance in her case unless Nature was more provident this time than on previous occasions. I therefore went into the chamber, and found the head of the infant was born and the shoulders about to be delivered. At this stage I requested, after the shoulders had passed, that the cord should be drawn down, and the breech and extremities of the child detained in the vagina and cervix, the uterus not to be pressed upon nor held. The back of the child was then spanked sharply and quickly for twenty minutes or more, at intervals. There was some slight evidence of hemorrhage, and no more. The child was then slowly delivered; the uterus grasped and well contracted, though not hard. Occasional relaxation and contraction, but no flooding. In ten minutes after the placenta came away safely. Remained for one hour, and everything was natural and safe. Morning visit all well.

*Case 2.*—I was requested to attend Mrs. L—— with her fifth confinement, receiving the information how critical her confinements had been, consequent not only on the tedious labor but the excessive flow which followed the delivery of the placenta. The labor was natural, though as formerly tedious for several hours. Chloroform was requested not

to be given, and to that I most cheerfully assented. The head of the child was safely delivered by enucleation, the shoulders came gradually and slowly through the vulva. The cord drawn down; breech and extremities remaining; uterus not held; child's back flagellated occasionally, and not withdrawn for nearly half an hour; every time the child was whipped, the child would gasp. The delay of the delivery of the child created anxiety on the part of the mother, and she asked why the baby was not removed. The sensation of the child's feet she did not like pressing against the womb. The placenta escaped very soon after the delivery. No flooding ensued but what is incident to delivery in ordinary cases. The getting up was excellent.

*Case 3.*—I was requested many years ago to hasten immediately to meet Dr. Robeson in the case of Mrs. E——, who resided but a short distance from my house, July 4, 1846. She had just been delivered, and the placenta followed soon after. She was blanched, rolling from side to side; gasping, sighing and twitching of the muscles of the face; abdomen as large almost as at full term. The uterus was instantly grasped with the left hand, the right loosing the clots and removing them from the vagina and uterus. Immediately the uterus was flagellated smartly several times, when contraction ensued. This course was pursued moderately and occasionally for several minutes, while the ordinary means were also attended to. No relaxation took place, although she was watched closely for two hours or more. Brandy injections for rectum were given and nourishment. Nothing unfavorable occurred, but a slow convalescence.

*Case 4.*—Mrs. V——. In consultation with Dr. S——, in a case of kyphotic pelvis, having an outlet in the inferior strait of a transverse diameter of  $1\frac{7}{8}$  in. between the tuber ischia and antero posterior  $2\frac{1}{2}$  inches. After the delivery of the child by cephalotrophy, while awaiting the delivery of the placenta, a few moments after the expulsion a rapid and full stream of blood issued from the vagina, as though a water faucet had been open or turned on. Instantly I arose from my seat and gave the bared abdomen several rapid and strong flagellating strokes over the uterine region with a towel doubled up, wet with ice water, and as instantaneously was the flooding arrested. The round, globular uterus was then felt contracting under the hand. An electric shock could not have acted with more or as much effect so successfully, to the surprise of all present.—*Independent Practitioner.*

**Sims' Speculum always at Hand.**—The Chicago Medical Gazette gives the following valuable piece of gynecological information. The index and middle finger of the right hand may be used as a perineal retractor in place of the ordinary Sims' speculum. They may be introduced with the patient in Sims' latero-prone position, the operator standing back of the patient, on the side of the table, in exactly the position of the assistant who holds the speculum in the ordinary way. In this manner the cervix and vagina may be exposed almost as well as by the speculum. This method of exposing the parts may be of great use when a speculum is needed and not accessible, in the application, for instance, of the tampon in sudden cases of hæmorrhage, or in consultations at a distance, when for reasons not anticipated, it becomes necessary to examine the pelvic organs.

## ABSTRACTS AND GLEANINGS.

**Ringworm of the Scalp.**—In regard to the treatment of ringworm of the scalp every one will find disappointments enough. Some cases yield very easily, while others are most stubborn, even under judicious and intelligent treatment. Although a local disease, internal measures should never be neglected, for there is good reason to believe that the parasite will not attack, or will not remain, on a perfectly healthy skin; there is always debility, certainly in cases which prove rebellious to well-devised local measures.

It is well to remember that the lower forms of vegetation—mosses, mould, etc.—do not grow and flourish on healthy trees with good soil and plenty of sunlight, but on decaying matter, and in dark, damp places.

The actual internal treatment must depend a good deal on the individual affected, and each case should be specially studied, and all elements of ill health and debility removed. Arsenic may be of benefit, but it is very doubtful if it is of much service when given in a routine manner and alone.

The local measures must also vary with the case. Thus, in the inflamed spots of tinea kerion, an active anti-parasitic treatment, which might be very valuable in another case, would prove disastrous. In this form I have usually employed the most soothing remedies until the inflammation has quite subsided. Thus sweet almond oil will suffice to cause the subsidence of the inflammatory masses; or a valuable preparation is the mixture of oil of cade and cod-liver oil, in the proportion of one to four, or thereabouts. Zinc or bismuth ointment, half a drachm to the ounce, has often rendered me very good service.

The hair should always be cut short all over the head at the beginning of the treatment of ringworm of the scalp in children. If the disease is very extensive it is better to have it shaved at once with the razor. This is in order that the treatment may be better carried out, and that each and every spot of disease may be discovered. In earlier days I first tried to do without cropping the hair, but generally was obliged to resort to this in the end.

My greatest reliance has been upon sulphurous acid, as explained in the preceding article, though, of course, like any other remedy, it is not universally successful. It should be very thoroughly applied (rubbed in) morning and night, and some ointment applied at bedtime. Of ointments, that of the yellow sulphate of mercury, turpeth mineral, fifteen to thirty grains in the ounce, is very effectual, though it sometimes causes considerable inflammation. A very good ointment is made with a drachm of oil of cade, one or two drachms of the ointment of the red oxide of mercury, and six of rose ointment.

Many other local measures may be found in the books, most of which are of value. Many use the tincture of iodine, but I have found it to fail so repeatedly, that I seldom employ it. The liquor iodinii compositus is a more effective remedy. The oleate of mercury, in five or ten per cent. solution, is a tolerably clean remedy, but has not been as effective in my hands as I had hoped. When used very freely, I

have seen salivation in one case of ringworm of the scalp. Bichloride of mercury, in weak solution, two to five grains to the ounce, is also cleanly, and recommended by some. But I fear to place it in every patient's hands lest poisonous results should follow, as such have been reported to have occurred. I have only used it as I applied it myself after epilation.

Epilation is frequently necessary, though it is a measure which is with difficulty carried out in this disease, parents seldom appreciating the necessity. I have occasionally been obliged to resort to it, and in one instance of a little girl, 7 years old, Agnes —, the mother and I pulled out thirty-three thousand eight hundred and fifty hairs before the disease was cured.

Much difficulty is sometimes experienced in accomplishing the extraction of the hairs, owing to their brittleness, resulting from the penetration of the parasite into the hair; but after pulling for a while the hairs will be found to be more firm, and can be removed entire. Sometimes the hairs break off but little, the reason of which is not apparent.

A word may be added in reference to the subject of over-treated cases of ringworm. While managing the cases in the public institution referred to, cases would continually be observed where the treatment itself gave rise to considerable general pustular inflammation of the scalp, and in other cases a very scaly condition would be induced, which had nothing to do with the original disease. This I have sometimes observed also in private practice.

In these cases it was necessary to abstain from all treatment for a while, except such of a very soothing character, and, allowing the artificial eruption to subside, to watch for the return of the parasitic affection. After resting thus for a while the cases were left entirely alone for a few days, and then the hairs and scales carefully examined with the microscope, when it would be found that there was no remnant of the former trouble. In some cases, however, the parasitic disease was found to be still present, and the appropriate treatment was resumed.

The prognosis of ringworm of the scalp should always be guarded, for though in the abstract it is a perfectly curable disease, still in actual practice there are so many exigencies which may arise, that it can never be predicted with certainty what will be the progress or result in any particular case or cases. It rests largely with the patient and friends.—*Archives of Dermatology*.

**Painless Cure of Internal Hemorrhoids.**—Dr. R. A. Vance, in Med. and Surg. Reporter, says :

In the form of internal hemorrhoids called "capillary" there may simply be hyperæmia and thickening of the mucous membrane. It is this variety of the affection which so readily yields to the application of nitric acid. In the "arterial" hemorrhoid there is one or more tumors, with hypertrophy of the submucous cellular tissue; the name of the variety is due to the fact that large arterial trunks may be traced into the growths. This form of tumor yields readily to the treatment soon to be described. The "venous" hemorrhoid is a later stage of the arterial; the arterial trunks are no longer so prominent, but the hypertrophied submucous cellular tissue still remains. These tumors are the

most common variety of internal hemorrhoids the practitioner encounters.

An enema of warm water, or water not too hot to be readily borne, suffices for the complete exposure of all forms of internal hemorrhoids. In order to understand the painless character of the treatment now advised, the practitioner should patiently investigate the sensibility of numerous cases of internal hemorrhoidal tumors. Inject as much warm water as the patient can stand; then, as soon as the enema is voided and the lower part of the rectum everted, exposing the hemorrhoidal tumors, carefully study the sensibility of the rectum about the tumors, the base of the tumors, and, finally, the summits of the tumors. As a general rule, when the tumors are uninflamed, the most sensitive part is a narrow band just at the base of the growth, where the lining membrane of the rectum is reflected on the hemorrhoid. This band may not be the tenth part of an inch in width. The rectum walls just beyond this band are slightly more sensitive than the general surface of the rectum in the neighborhood. Tracing the sensibility of the tumor itself from the band encircling it at its junction with the rectum to its summit, it will be found that there is rapid loss of all perception of painful impressions as you pass from base to summit, until finally, at the top of the tumor, a needle can be run through its apex without exciting but little if any pain. This anæsthetic region at the top of the tumor varies in different cases; as the outlet of the rectum is neared, and more or less integument enters into the formation of the tumor, it grows smaller and smaller; on the contrary, the deeper they are situated the larger it becomes. In every tumor situated within the line marking the junction of skin and mucous membrane, a region of greater or less extent in which a needle can be passed without exciting but very little pain can be found, if sought for intelligently.

The recognition of this important fact is no discovery of my own. Dr. Bodenhamer, of New York City, described certain experiments which satisfied him that the mucous membrane covering the tumor was much less sensitive than that lining the rectum, and published the same in the appendix to his work on "The Physical Exploration of the Rectum," which appeared in 1870. As a result of my own investigations in this line, I can state that in certain cases there is an absolute loss of all sensibility to pain at the summit of internal hemorrhoidal tumors; that in all, the most sensitive part is the band I have described; and that in no case is the mucous covering of any other part of the tumor as susceptible to painful impressions as the normal lining of the rectum.

If a seton be passed through a swelling due to a collection of inflammatory products, the nutritive processes are so modified that disassimilation and absorption are increased. In January, 1878, a gentleman came to me for advice, who suffered from four large hemorrhoidal tumors. In the largest of these growths there was complete anesthesia of the summit, and I passed a needle with a double thread through the top, with the intention of strangulating the apex of the tumor. At this point he interrupted me to say that he could not be away from his business for a day that month; that, therefore, I must do nothing that would require him to lay up. Rather than withdraw the ligature, I cut loose the needle and tied the thread, leaving a loop about an inch long; there was not the sixth of an inch between the point where the

needle entered the tumor and where it emerged. Five weeks subsequently the same gentleman returned; a little parchment-like thickening alone marked the site of the tumor into the summit of which I inserted the seton. The gentleman declared he had no more than the usual amount of discomfort with his rectum; that he was not conscious of anything unusual taking place there; yet the tumor had disappeared. I explained matters to him, and inserted two setons—one in each of the two purely internal hemorrhoids remaining—leaving one tumor on the border of the anus and rectum untouched. Through some misunderstanding I did not see him again for a fortnight; both tumors were then markedly diminished. In the end the setons sloughed out, and both tumors were cured. The remaining tumor I have since excised, its situation at the junction of rectum and anus preventing the employment of either seton or ligature.

Since my experience with this case, I have had numerous opportunities of testing this method of treatment. It is only applicable in hemorrhoidal tumors which are not inflamed. The tumors, also, must be purely internal tumors; the deeper and larger, the better. Again, there is nothing to prevent the patient continuing his ordinary avocation during treatment. Finally, I am led to believe that this is the method employed by certain irregular practitioners who have great reputations in rectum surgery; that they pass a seton in those cases of internal hemorrhoids that they undertake to cure "without pain or detention from business," and, of course, "without caustic or the knife."

In passing the setons it is necessary that the tumors be completely extruded. This done, by means of enemata of hot water, investigate the condition of the uppermost tumor; find the spot where sensibility is least, and pass a curved needle through the summit, being careful not to go too deep, or to bring the needle out too far from where it is entered. By attending to these points, the needle is passed without pain; yet, if passed too deep, or carried too far from the entrance, not only will pain be excited, but the rectum will contract and the tumors return. As soon as the needle is passed tie the ligature into a loop about six inches long; this loop will enable the surgeon to control the movements of the whole mass of tumors. Next, pass a ligature through each of the other tumors, making the threads double, and tying them so that there is not more than an inch of loop in all. Finally draw down the upper tumor, by means of the double thread through it, and tie a knot in the latter, so close to the tumor that all the setons may be alike in length; then cut off the superfluous thread and return the tumor within the anus. This done, the patient should be instructed to keep his bowels freely open, daily, but above all, to at once assume the recumbent posture should any pain develop in the parts. Cases vary widely in the disposition of the seton; in some this comes away within a fortnight, leaving an ulcer that continues open until the hemorrhoidal tumor disappears; in others, it remains until all the pathological products have been absorbed, and then drops out. In the cases in which I have tested this method I have been well satisfied with the result. It is worthy of trial in cases in which the patient cannot abandon his calling during treatment; in such cases the additional time re-



quired is of little consequence compared with the advantage of being able to keep at work while being treated.

If the seton sloughs out and the opening heals with some of the tumor still remaining, a new seton is to be passed, just as if none had ever been introduced. It takes from five to nine weeks to cure an average case by this method.

**Pneumonitis.**—The object of this paper is not to question the almost universal orthodoxy of our leading medical authors as to the local or constitutional theory of this disease, nor to a great extent the theory of self-limitation, but only to present a treatment, new as combined, so far as I know, which in my hands has led me to doubt the theory of self-limitation. I have seen much written concerning ergot and aconite cutting short the attack of pneumonia when used separately. I have given each a fair trial, with but little encouragement. So I concluded to try them combined. I have never been discouraged since in the attempt to cut short this fever. To verify, I will give a clear case of pneumonia, which, I claim, must have been cut short. I was called the 20th of February last to see one R. G., male, 23 years old, of sanguine temperament, good history, etc. He complained of oppression and pain in right side; said he was taken on the night of the 18th with a chill, followed by chilly sensation and pain in breast. Had taken pills and some quinine and Dover's powders. When I saw him his face was flushed, headache, restless, quick pulse, 130 to the minute, respiration increased, temperature 103° F., short cough with sputa slightly colored. Physical examination revealed congestion in lower lobe of right lung, entire; respiratory murmur completely absent. Prescribed

R Tinct. aconiti radialis.....gtts. xxxij,  
Fluid ext. ergot.....3 jv.  
Potassii brom.....3 j.  
Aquae purae, q. s. to make.....3 ij.

Sig. Teaspoonful every hour till four doses were taken, then every two hours till I called again.

21st. Found patient much quieter, much less oppression in breathing, cough not so frequent, sputa more rusty, not very abundant, temperature 100°, pulse 95, lung sound dull with little decrease in boundary. Ordered same treatment continued.

22d. Found patient much better. Temperature 99° F., pulse 80, cough occasionally; lung clearing up, dullness only in small space near center of lower lobe; feels nearly well. Ordered

R Tinct. gelsemii.....3 ij.  
Spts. etheris nitrosi.....3 jv.  
Aquae purae, q. s. ad.....3 ij.

Dose, teaspoonful as above.

23d. Found patient feeling well; no pain; respiration, temperature and pulse normal. Dismissed patient.

The above I claim to be a better success in shortening the run of this fever than we can expect from a treatment of either separately, and far better and more pleasant than the old line of treatment. *Dr. Porter, Michigan Med. News.*

**Resuscitation of a Still Born Infant nearly an Hour after Birth.**—The child was placed in a sitting posture upon blankets before the fire. My hand was placed behind the head and thorax of the child, and its body leaned backward so that it rested upon this hand. The hands of the child were carried as far as possible above its head by my left hand. By this the ribs and shoulders were raised, while the head was thrown backward, thus expanding the thorax and drawing air into the lungs.

The second movement was to lower the arms of the child so that they fell by its side, while my hand, still retaining those of the child in its grasp, rested against the front of the child's thorax and head.

The third movement was to lean the child forward and press suddenly downward upon its shoulders, at the same time that the hand in front pressed the ribs inward.

This method, which is somewhat difficult to describe, but easy to carry out, caused the first certain expulsion of air from the child's lungs (and a consequent refilling of them), for the air could be heard bubbling out through the nose and mouth of the child. Then the lungs were refilled by the first movement. Still this respiration was entirely involuntary on the part of the child, and ten minutes' persistent efforts by this method gave no signs of returning animation.

Nearly three-quarters of an hour had now elapsed since the birth of the child, and meantime the child's skin began to feel cold and clammy. On account of the coldness of the child I determined to use external heat in conjunction with artificial respiration. I called for a deep bowl partly filled with water, at a temperature of about 112°. I placed the child in the bowl in a sitting posture, so that the water came up to the child's diaphragm when its body was in what I have called the 'first position' in the last method of artificial respiration.

Then the artificial respiration was kept up according to this method, while the child's body was partly immersed in hot water. After a few minutes I was astonished at the child showing a little color in its cheeks, and then making its first spasmodic effort at inspiration. Fully five minutes elapsed before it made another gasp, but gradually its efforts became more frequent, and at the end of an hour and three quarters from the time of its birth, I ventured to cease artificial respiration. The child was then breathing rapidly with a shallow, gasping respiration. I ordered it to be rolled in blankets, without being dressed, and was placed in bed with its mother. Two hours later its breathing was stronger, but still shallow. The following day it appeared as strong as any child, and since then has grown rapidly.—*Dr. Forest, in N. Y. Med. Record.*

**Gelsemium in Facial Neuralgia.**—A certain school of practitioners place great dependence on gelsemium as a therapeutic agent, and notwithstanding the suspicion which certain practitioners of another school would cast upon it, there exists abundant testimony to its value in properly selected cases. The National Dispensatory, by Stille and Maisch, lately issued, speaks of it as "one of those too numerous remedies which have been used in a great variety of sthenic febrile diseases upon no better ground than their power of lowering the pulse and depressing the nervous system. Incalculable mischief has been

caused by them, and more is likely to be occasioned by gelsemium in febrile affections." Such testimony from such a source is not calculated to predispose one in favor of this article; but when it is known that Professor Stille condemns salicylic acid much more roundly, and accuses it of "incalculable mischief," that the Dispensatory ascribes to *grindelia robusta* and *grindelia squarrosa* similar therapeutic properties, and that of all the drugs introduced to the profession within the past few years it regards *jaborandi* as alone entitled to favor, the force of its objection to gelsemium will be materially weakened.

I have no doubt that I could with safety appeal to the readers of the News for testimony in favor of gelsemium as an antipyretic, but it is not the purpose of this note to argue its general merits; I wish merely to report the following case in testimony of its efficacy in facial neuralgia. I had in my practice a case of this aggravating affection, which had resisted all previous treatment. Relief from pain was only secured by morphia, and this relief was but temporary. The patient was fast becoming addicted to the opium-habit, when I put him on ten-drop doses of fluid extract of gelsemium every three hours. This was two weeks ago, and to-day he came to thank me for the wonderful relief it brought him. I had used the medicine in cases of a similar nature, and with such success as to lead me to regard it as almost infallible.—DR. BURGESS in *Michigan Medical News*.

**Suction Operation for Cataract.**—The Medical Bulletin contains a satisfactory case of this operation at the hands of Dr. R. J. Levis. The Doctor says:

I have had before you during this course a large number of cases of cataract, and nearly all were of the senile or hard variety, but this woman seems to be affected with a cataract of soft consistence. You will remember that the senile form has a more or less striated appearance, while this has a uniform opaque look. From the age of the patient and the appearance of the opacity I think the lens is soft and fluid in the present case, and shall treat it accordingly.

In the other cases of cataract we removed the lens by extraction, after having made a corneal incision and performed iridectomy, but here we shall operate by the suction method. The woman being very nervous we shall administer ethyl bromide by which, as you now see, anæsthesia is produced in three minutes. with only two drachms. I insert a spring speculum between the lids, make an incision in the cornea, introduce a needle to cut up the capsule or use the same knife, and employing the suction apparatus, evacuate the contents of the capsule.

The suction apparatus consists of a delicate rubber tube about ten inches in length, having at one extremity a glass mouth piece and at the other a small delicate metal canula. With a cataract knife I incise the cornea and anterior capsule of lens; then inserting the end of the canula into the anterior chamber, I draw the lens material, by suction produced by my mouth, out into the glass tube, placed near the canula that we may see what is being done. The suction, performed by placing the glass bulb in the mouth, must be carefully adjusted, or damage may result from catching the iris in the canula, thus causing iritis secondarily. The operation is performed and you see how very

simple it is. She now sees my hand and can readily count my fingers. Semilunar patches of rubber plaster are placed over the lids of each eye to prevent opening the eyes; and the case is treated as after the operation of extraction, by using atropia locally and keeping the patient in a dark room.

**Tarsal Ophthalmia.**—A case of tarsal ophthalmia is so reported by Dr. R. J. Levis in the Medical Bulletin :

This patient has tarsal ophthalmia, or inflammation of the margins of the eyelids; the condition is sometimes designated ciliary blepharitis. It is an affection of the meibomian glands and the surrounding connective tissue, due to the ducts becoming occluded, by which a low form of inflammation is set up, that soon becomes chronic. The edges of the lids are swollen and painful, and the entire lid is red in color, which redness also extends to the conjunctiva beneath. This condition of lids is frequently found in persons of bad hygienic surroundings, and in very many instances depends especially on accommodative fatigue due to hypermetropia or astigmatism. In the treatment of the affection all causative conditions should be removed, and stimulating applications made to the lids. The best of this kind is water, as hot as the hand can bear, say about  $118^{\circ}$ , applied to the eye two or three times daily by means of cloths. This acts by checking the secretion of the glands and thus lessens the inflammation. The amorphous yellow oxide of mercury, ten grains to the ounce of ointment, would also answer a very excellent purpose, applied to the lids while keeping the eyes closed. He shall therefore be ordered to bathe the eyes in hot water for five minutes every morning and evening; and to apply three times a day an ointment of the yellow oxide of mercury of the strength mentioned. It is better to give about two drachms of the ointment than a whole ounce, which may become rancid before being used. If he does not improve greatly in a few days it would be proper to examine his eyes for hypermetropia.

**Skin Grafting.**—Dr. R. J. Levis says in Medical Bulletin :

This boy some time ago sustained a lacerated and crushed wound of the hand, which was caught by a cog-wheel. The injury was so considerable that the question of amputation was raised at one time during the early part of the treatment. The parts have partially cicatrized, but there is now a large ulcer upon the wrist which is healing so slowly that it will be proper to employ skin grafting for the purpose of expediting the cure. The granulations have a healthy appearance, and it is probable that grafts will readily start new centres of cicatrization. The operation is performed in this manner: A small sewing needle is thrust under the cuticle of the arm, and made to lift up a minute portion of the upper layers of the skin; this is then clipped off with the scissors, and placed upon the granulations covering the ulcerated surface. It can be done without the occurrence of bleeding and gives very little pain.

The grafts should be placed with their lower surface presenting to the surface of the ulcer. A few days after an operation of this kind, cicatrization begins from these grafts and spreads over the denuded surface, forming little islands of cicatricial tissue. Subsequently these coalesce,

and the whole ulcer is healed. In this case twelve grafts have been deposited on different places. No dressing is applied until the lymph and secretions have glued the grafts in position; then carbolized zinc ointment is applied with care, in order to avoid brushing them away.

**Results of Experiments with Iridin and Euonymin on Man.**—Although we must leave to our medical brethren the task of testing on the human subject the effects of baptisin, sanguinarin, phytolaccin, hydrastin, etc., it will doubtless be of service if we here recount our experience of the use of iridin and euonymin. We have found four grains of iridin—made into a pill with a confection of roses, and taken at bed-time—a certain remedy for biliousness. It produces no disagreeable sensations, and, on awaking in the morning, the yellow tongue is found to be clean, and the headache and malaise gone. As iridin, though a powerful hepatic, is not a powerful intestinal stimulant, it is well to give in the morning an ordinary mild saline aperient, such as Pullna water or some other. But iridin, though an agreeable remedy at the time, has a somewhat depressing effect, and it probably should not be taken oftener than once a week or so. Euonymin is an hepatic stimulant in man as in the dog. Two grains of it, made into a pill with confection of roses, and taken at night, seem to be as efficient a remedy for biliousness as iridin. If the dose be not too great, it leaves no depression. As it is a feeble intestinal stimulant, it is well to follow it in the morning by a dose of Pullna water or other saline aperient. I have been much struck with the success of euonymin in functional hepatic derangement in several persons who had tried nearly all the commonly used cholagogues with varying and often limited success. I have no doubt that, in consequence of our experiments, euonymin will come to be a universally employed stimulant.—*Ex.*

**New Dressing for Superficial Incised Wounds.**—The principle involved in the dressing is a very simple one—a single ligature acting as a lace, and finding fastenings not in the quivering flesh but in plaster on each side of the wound, in which it can readily glide, *laces* the lips of the wound into firm and nice apposition, as the sides of a shoe or corset are laced together. The plaster is prepared for the dressing by being cut into two pieces of sufficient width and length, and are accurately and firmly attached on each side of the wound close to its edges. The edges of plaster adjacent to the wound have previously been furnished with a row of metallic buttons or studs about one-fourth of an inch apart, and securely fastened to the plaster so as to stand up and allow the lace to be attached in a groove which encircles each stud. If the plasters thus prepared have been put in position so that the little studs upon each side are opposed by the spaces intervening between the studs, the lace can be started at one end of the wound and tied at the other, and tightened or loosened at pleasure.

Hooks such as are used on ladies' dresses would answer where the studs could not be had. These I used and found to answer a very good purpose. They should be set back on the plaster far enough to prevent abrasion or chafing of the skin by them.—*Dr. Cowan in Louisville Medical News.*

**Don't Blow your Nose.**—The Medical Herald says it is wrong for one to blow his nose—wrong, not so much because it isn't nice, but because it is dangerous; it jeopardizes the tympanum and irritates the Schneiderian membrane. The epithelium of the latter "is so arranged that blowing the nose detaches these delicate cells just as the scales of a fish would be displaced by forcibly blowing under them. The proper thing to do when the nose becomes suddenly obstructed from swelling in the membrane is to hold the alæ close to the septum and presently snuff strongly, so as to carry the augmented secretion into the throat. In cases of hyperesthesia of the nasal membrane, inhale through the nose and exhale through the mouth. Professor Donders lays great stress upon this method of curing an acute catarrh without medicine." It puzzles one to understand how it is possible to "snuff strongly" with the alæ held close to the septum; but even if such an act were possible, and the substitute for nose-blowing were according to physiological rule, we should prefer the risks of the old-fashioned method to the snuffing and hawking of the new.—*Michigan Medical News.*

**Venesection.**—Dr. Broadbent read the paper of the evening, says the Medical Press and Circular, at the late meeting of Harveian Society of London, on venesection. He pointed out that the fluctuations of medical practice were unfortunate, though some of them were warranted.

Bleeding, from being practiced indiscriminately, has fallen into disuse, though it is often of striking power and is accompanied by very little risk. It does not, in inflammatory affections, strike at the inflammation directly, but lowers the blood pressure in the arteries. When an aneurism is threatening life, bleeding will relieve the tension within its walls, and thus is useful as a palliative. In over-distension of the right heart bleeding is very useful. In those cases of pneumonia where the patient becomes pale, gasps for breath, and is unable to lie down, where the heart beats violently while the pulse is small, then bleeding is indicated, and as the blood flows the pulse improves. He had not bled in bronchitis. In chronic bronchitis with emphysema it did little good. In aortic valvular disease it was not called for. In mitral regurgitation digitalis was to be preferred; but in mitral stenosis the question of bleeding often arose, especially with liver pulsation. Dr. Broadbent then examined at some length the causes of high arterial tension when bleeding is indicated. When the pulse is full between the beats and feels like a tendon, then bleeding is indicated, as in uremic convulsions, in convulsions at times without uremia, in scarlatinal albuminuria, in pregnancy, etc. It was also useful in amenorrhœa in plethoric individuals.

The two main indications for venesection are first, distension of the right ventricle, and second, high arterial tension.

**Bismuth Snuff.**—Dr. Ferrier, in the Lancet, suggests a bismuth snuff for cold in the head. He states that he began to suffer one evening with symptoms of cold in the head—irritation of the nostrils, sneezing, watering of the eyes and commencing flow of the mucus secretion. Having some trisnitrate of bismuth at hand, he took repeated pinches of

it in the form of snuff, inhaling it strongly, so as to carry it well into the interior of the nostrils; in a short time the tickling in the nostrils and sneezing ceased, and the next morning all traces of cold had completely disappeared.

But as bismuth by itself is rather heavy and not easily inhaled, and it being also necessary that it should form a coating on the mucous membrane, Dr. Ferrier says it is best to combine it with pulv. acacie, which renders the bulk larger and the powder more easily inhalable, while the secretion of the nostrils causes the formation of an adherent mucilaginous coating—of itself a great sedative of an irritated surface, and the sedative effect is greatly strengthened by the addition of a small quantity of hydrochlorate of morphia.—*Journal of Materia Medica*.

**Rubeola in a Pregnant and Puerperal Woman.**—Nelson records the following case:

December 7, 1875, he was called to attend S. D——, two weeks before her expected confinement. The children of the family in which she was living had all been ill with measles, and she had been very freely exposed. As they were convalescing she was taken with the usual premonitory symptoms, and after two and a half days the characteristic rash appeared. The third day of the eruption she was delivered of a healthy boy, the labor not being more than ordinarily severe for a primipara. She made a good recovery. No unusual symptoms were present during the puerperal state other than those directly due to the rubeola. The child was nursed from the first day, the mother having an abundance of milk. The infant remained free from any symptoms of measles, although other children in the house to which the mother had been removed, on the fifth day after confinement, contracted the measles from her.—*St. Louis Courier of Medicine*.

**A Plea for Oleomargarin as a Food Product.**—Representatives of the oleomargarin industry appeared before the House Committee on Agriculture and Manufactures on March 10th, in opposition to any legislation injuriously affecting their product. They claim that oleomargarin is identified with butter; that both the real butter and oleomargarin butter are simply animal fat, and the difference in the process of manufacture makes no difference in the substance. They stated that the factory in New York is now making 40,000 pounds of oleomargarin butter per day, and that there are eleven such factories in Baltimore, Louisville, Chicago and other cities; that the exports of oleomargarin oils from the port of New York alone amounts to 5,000 tierces per month. They protest against any discriminating legislation on the ground that their product is a general food-product, pure and wholesome in itself, and a fit substitute for butter.—*N. Y. Med. Rec.*

**Sweet Cassava Root.**—Sweet cassava root (*Janipha Manihot*) is a native of Brazil, but now acclimated in Florida. When boiled it furnishes a good substitute for the potato; a very beautiful starch can be prepared from it by the usual method, and a very fine article of glucose can be obtained by boiling with dilute sulphuric acid.—*Amer. Journal of Pharmacy*.

**Guarana.**—Dr. Mueller, in *Eclectic Medical Journal*, recommends guarana in cases like the following. Most frequently the patient will be a female, who, by frequent child-bearing, mental and physical over-exertion, has exhausted the system; she is pale, circulation weak, in fact all the processes of life are feebly executed; the stomach is in a fair condition; even minor disturbances will occasion a spell of headache (mainly frontal, but passing to vertex) of sickening character; efforts to do mental labor will increase the existing trouble. This phenomenon is relieved by refreshing sleep, if such can be obtained. To all appearances there seems to exist an anasarcal state of the cerebrum. Here I prescribe :

R Guarana..... 3j.  
Simple syrup..... 3j.

One teaspoonful every ten to fifteen minutes until relieved, and I am confident that such will follow.

Guarana is a cerebral stimulant of great power; this I am satisfied of, and hence I do not prescribe it in headache the results of colds or determination of blood to the brain, nor will it relieve the condition depending upon a foul stomach and constipated bowels.

**Another Antidote to Arsenic.**—Dr. McCaw, a Canadian physician, suggests the following formula as one not generally known for an antidote to arsenic, and claims for it preference over all others for two reasons, namely, because it forms the surest antidote, and because the ingredients are always accessible.

R Tincture of chloride of iron..... 3j  
Bicarbonate of soda, or potash..... 3j  
Tepid water..... a teacupful.

These are mixed. The sesquioxide of iron is immediately formed in a solution of chloride of sodium.

The mixture may be given almost *ad libitum*.

**Pruritus Ani.**—Wear a piece of cotton wool, of the size of a walnut or larger, at the anus; a few shreds of the wool should be inserted inside the sphincter, and this will be sufficient to retain the whole in its place. A fresh piece must be used after each evacuation. After two years' experience, I can speak most highly of this way of relieving the intolerable nuisance of the pruritus; so long as I wear it I am quite comfortable. For about twelve years I had been a martyr to the complaint. Plugging the nostrils with cotton wool is recommended as a certain cure for paroxysmal sneezing.—*Brit. Med. Journal*.

**Suppression of Menses.**—Dr. Goodell says :

When the suppression comes on suddenly, from cold or exposure while in the midst of the menses, and is accompanied by severe lumbar pains, we should place the patient in a mustard hip-bath, administer Dover's powder, put her to bed, and give her hot drinks to provoke copious diuresis and diaphoresis. Chronic uterine trouble is likely to supervene if we do not act promptly in such cases.—*Louisville Medical News*.



**Dover's Powder for the Night-Sweats of Phthisis.**—The use of a sudorific to check sweating may seem paradoxical, but Dr. Murrell, of the Westminster Hospital, reports having used Dover's powder in fifty-five cases of night-sweating of phthisis, with relief in all cases but five. It also diminishes diarrhoea, eases the cough and insures a good night's rest. He says in conclusion of his very interesting remarks :

"It is often very difficult to make an estimate of the relative value of different modes of treatment in any disease; but I have no doubt that for the night-sweating of phthisis Dover's powder, although it may be inferior to atropia, is far more reliable than oxide of zinc."—*West. Lancet*.

**Balsam of Peru in Pruritus.**—In a communication to the *Deutsche Med. Voeh.*, Dr. Auerbach, of Berlin, states that having, in common with so many other practitioners, found the balsam of Peru a most valuable remedy in itch, he has for some time past treated pruritus by the same substance, and with the greatest success. After the first rubbing in to the part affected great relief is obtained, and in a few days a cure results. He relates a very obstinate case, which, after resisting all kinds of treatment for years, was speedily cured by the balsam.—*Med. Times and Gazette*.

**Incubation Period of Scarlatina.**—The late Dr. Murchison, as a result of his observation and study of the incubation period of scarlet fever, was led to the following conclusions :

1. The duration of the incubation stage may be only a few hours.
2. Probably in a large proportion of cases it does not exceed forty-eight hours.
3. It very rarely exceeds seven days.
4. Consequently, a person who has been exposed to scarlet fever, and does not sicken after a week's quarantine, may be pronounced safe.—*Clinical Soc. Transactions*.

**About Anæsthetics.**—Dr. Yandell says, in *Louisville Medical News* :

Whether the bromide of ethyl is better than chloroform or ether for prolonged operations is an undetermined question. All anæsthetics are dangerous, but for brief operations I believe it is likely to become popular. In odor it is infinitely less disagreeable than ether, much less so than chloroform, and produces anæsthesia more rapidly than either of these, though less rapidly than nitrous oxide.

**An Improved Nitrate of Silver Caustic.**—A writer in the *Medical Times and Gazette*, Dr. Sawostizki, has called the attention of the Moscow Surgical Society to an improvement in the preparation of sticks of nitrate of silver. It consists in melting together five parts of nitrate of silver with one part of nitrate of lead, forming an argenti-plumbo-nitricum. Sticks formed of this are preferable to those of the ordinary nitrate, as they are not easily broken, and can be pointed, just like a lead pencil.—*Medical and Surgical Reporter*.

## SCIENTIFIC ITEMS.

**The Audiphone and Dentaphone.**—That these instruments are of great value in a considerable proportion of cases of deafness there is no reason to doubt, but there is no just ground for the public belief that by their aid the deaf are enabled to hear as well as those with ordinary hearing. On the contrary, they supply, I am convinced, but a very small fraction of normal hearing—much less than a hundredth part. \* \* \* \* \* The simplest osteophone, one that excels by many times the volume of sound transmitted by either audiphone or dentaphone, consists simply of a small rod of hard wood—a convenient size being about two feet long and a quarter of an inch thick—one end of which is placed against the teeth of the speaker, the other resting against or between the teeth of the person hard of hearing. If the speaker now articulates in a natural tone of voice, the vocal vibrations will be transmitted in great volume through the teeth and thence to the ears of the deaf person. Later observations show that it will also convey the voice distinctly when placed against the forehead or other portion of the skull of the hearer. It will also convey perfectly audible speech from the skull of one to that of the other, or in its absence such sounds may be conveyed by simply bringing the heads themselves in contact. Again, instead of the speaker holding it against his teeth, he may place it against the upper part of his chest, when, upon using his voice, the sound will be conveyed as before—of course, independently of the teeth of either person.—DR. THOMAS in *Pacific Medical Journal*.

**Capital Punishment by Electricity.**—We have already referred in the Journal to the proposition that electricity be employed as a means of capital punishment. The plan has been advocated both in France and Germany. A recent writer in the latter country thus sketches the method of procedure: "In a dark room, draped with black, and which is lighted by a single torch—the chamber of execution—there shall stand an iron figure of Justice, with her scales and sword. This goddess will carry a powerful electric battery in her inside; and this battery will be connected with an arm-chair—the seat of death. In front of the chair shall stand the judge's tribunal, and only the judge, jury and other officials shall be present with the condemned during the ceremony of execution. This will consist in the judge reading the story of the crime committed by the prisoner, who will be rigidly manacled to aforesaid chair; and when this has been done the judge will break his rod of office and toss it into one of the scale-pans of the figure of Justice, at the same time extinguishing the solitary torch. The descent of the pan will complete the electric circuit, and shock the wretch into the next world."—*Journal of Chemistry*.

**Power of Imagination.**—Dr. Carpenter says: "A strong direction of the inward consciousness to any part, especially if attended with an expectation of something about to happen, is quite sufficient to change the physical action of a part."

**The Topophone.**—A new instrument, called the *topophone* (from two Greek words meaning *place* and *sound*), has been experimented upon and described by Professor Morton in his report to the Lighthouse Board of the United States, by which the exact direction of sound given by fog-horns or fog-bells may be ascertained. The machinery is very simple, and consists of a vertical rod passing through the roof of the deck cabin, to the upper end of which are attached two adjustable resonators. Below these is a pointer, set at right angles to the bar, while rubber tubes pass through the cabin roof and are connected with a pair of ear-tubes. The whole apparatus can be turned in any direction, and the result is that any person sitting in the cabin, by turning it round until the least sound was perceptible, would bring the pointer within ten degrees, or less than one point, of the direction. The experiments proved that it was easy to ascertain whence the sound came at a distance of from four to six miles.—*Jour. of Chemistry*.

**A Mechanical Watch-Dog.**—Most persons are aware that, by introducing a flame of gas into an open tube, whether of metal or of glass, the tube will sound; in fact, we might easily produce singing flames. The sound, of course, differs according to the size of the tube, the force of the flame, etc. Sometimes the sound is like a roar, at others like a low moan; sometimes high, sometimes low; in fact, the greatest variety of expressions can be produced, according to circumstances. But better than this has been found. There are silent speaking tubes; that is to say, tubes that under ordinary circumstances do not utter a sound; but, if a door be opened, a draught is created, then the glass vibrates, and the most startling noises result. A glass of this description has been contrived in which, when a jet of gas burns, the sound of a dog barking is produced should the street door be opened. Thus may the house be guarded by a mechanical watch-dog!—*Journal of Chemistry*.

**The Winter of 1879-'80.**—The Pacific Medical Journal remarks: "The conjunction of the planets or some other cause has produced a winter of extraordinary and persistent cold on the Pacific coast of North America and on the Atlantic side of northern Europe, whilst the opposite condition of climate has prevailed in the Atlantic States, showing, if the weather be controlled by planetary or stellar influence, that the same breath may 'blow hot and cold.' An extraordinary death-rate has resulted in the large cities of Europe, the mortality in London rising as high as a ratio of 48 per thousand, and in Paris 42 per thousand. On the Pacific coast no excessive mortality has existed. Persistent and dense fogs have characterized the climate in England, but no such condition has prevailed in California."

**The Metric System.**—The Scientific American says: "A five cent nickel measures in diameter two centimeters, and weighs five grammes. Five of them placed in a row measure a decimeter, and two weigh a dekagramme. As a kiloliter is a cubic meter, the key to the measure of length is the key to the measure of capacity. Any person, therefore, who is fortunate enough to own a five cent nickel may carry in his pocket the entire metric system of weights and measures."

## PRACTICAL NOTES AND FORMULÆ.

**Hemorrhagic Malarial Fever.**—Dr. E. M. Parham, of Arkansas, writes :

I have found the following the best treatment for swamp or hemorrhagic fever, viz : Calomel and Dover's in small quantities, repeated every four hours, to correct morbid secretion and equalize the circulation, alternated with ten-drop doses of the fluid extract of ergot. Should the stomach be too irritable to bear the ergot, I use the tincture of the muriate of iron. I have found the quinine treatment totally inadmissible.

**Hay Fever.**—Dr. J. S. Stedham, of Georgia, writes :

I would like to hear from some of your contributors, through the Record, something on hay fever; its general prognosis, treatment, etc. [We hope that the Doctor's request will meet with attention.—ED. RECORD.]

### Gonorrhœa—A New Treatment.—

℞ Brom. potass..... ʒ ij.  
Aque camph..... ʒ iij.  
Tinc. gelsem..... ʒ ij. M.

Take a teaspoonful morning and noon, and two teaspoonsful at bed time, to quiet the nerves, soothe the mucous membrane of the urethra, and prevent chordee.

In conjunction with this treatment introduce gently three times a day a bougie of moderate size, four or five inches into the penis, well smeared with vaseline and bismuth.

Subnit. bismuth..... ʒj.  
Vaseline..... ʒj.

Let this be done immediately after urinating, that the pus may be removed. Let the patient take a dose of salts before commencing this treatment; let him bathe the parts night and morning, and by the time the nervine mixture is consumed, and sometimes before, he will be well.

**For Irregular Menstruation.**—The following is a valuable remedy for scanty, irregular menstruation, when associated with and dependent upon anemia, neuralgia and neurasthenia :

℞ Tinc. ferri chl..... ʒ x.  
Liquor potassa arsenitis..... ʒ ij. M.

Dose, 12 drops after each meal, through a glass tube, in about one-third glass of water.—*Indep. Pract.*

**Cubebs in Whooping Cough.**—Dr. M. Sanchez has obtained rapid cures in cases of whooping-cough by the administration of an ethereal tincture of cubebs in doses of four or five drops three times a day.—*Gaceta Medica.*

**Compound Solution of Carbolic Acid.**—Hager recommends the following :

R Sumatra benzoin (2d quality).....	100.0
Aloes.....	50.0
Crude salicylic acid.....	25.0

Reduce to powder and add :

Oil of spike.....	50.0
Oil of star anise.....	10.0
Alcohol.....	1000.0

Macerate for one day, shaking occasionally, then add :

Oleic acid.....	100.0
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and a previous prepared solution of

Crude caustic soda.....	60.0
Borax.....	25.0
Water.....	500.0

Digest, shaking occasionally, for one day, and add to the warm mixture :

Crude carbolic acid (containing 90 to 95 per cent. phenol) .....	3000.0
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Shake for half hour, then set aside in a cold place for a week, and decant the liquid.

The solution must be used cautiously, so as not to come into contact with the eyes, lips and other tender portions of the body. For killing vermin on animals it is applied with a brush, previously diluted with 100 or 120 parts of water, and with linen or cotton, also for disinfecting offensive sores. When used for protecting horses, etc., against flies and other insects, very little of the composition is applied with a brush once or twice a day.—*Phar. Centralb.*

**Damiana.**—In painful hemorrhagic diseases of the kidneys and bladder, I have found nothing superior to:

R. Damiana tinct.....	$\frac{3}{4}$ ij.
Rhus. Glab. tinct.....	$\frac{3}{4}$ ij.
Morphine Sulph.....	grs. iij. M.

Sig.—Teaspoonful once in four hours.

In enlarged prostate, and acute and sub-acute inflammations of that gland, damiana in combination with phytolacca dec. and potassium bromide will be found very valuable:

R. Damianæ tinct.....	$\frac{3}{4}$ ij.
Phytolaccae dec. tinct.....	$\frac{3}{4}$ i.
Potassii Bromidi.....	$\frac{3}{4}$ ss.
Syrupi Zingiberis.....	$\frac{3}{4}$ ss.
Aqua dest. q. s. ad.....	$\frac{3}{4}$ vi.

Sig.—Dessertspoonful every four hours until patient is fully relieved : afterward about once in six or eight hours until cured.—*Med. Tribune.*

**Senecio Aureus in Rheumatism.**—For removing the rheumatic diathesis, Dr. N. S. Davis extols the life-root plant, *senecio aureus*. In a typical case of chronic rheumatic carditis he prescribes :

R Acid carbolic (crystal).....	0.40
Glycerin (pure).....	16.00
Tinc. gelsemium .....	16.00
Tinc. digitalis.....	32.00
Fl. ext. senecio aureus.....	96.00

Dose, 5 grams, or an ordinary teaspoonful, in a little water, just before each meal and at bed-time.

The steady use of this, with due attention to diet and exercise, and the avoidance of all use of alcoholic drinks and tobacco, will probably do as much to counteract the rheumatic diathesis, regulate the action of the heart, improve digestion, and thereby prolong the life and usefulness of the patient, as any course of treatment we could suggest.—*Med. and Surg. Reporter.*

**Excipient for Quinia Pills.**—One of the best excipients, and one which is very commonly used, is a mass made with tartaric acid, water and flour. The usual proportions are :

Tartaric acid.....	120 grains.
Fine wheat flour .....	60 "
Water .....	5 drops.

This quantity is sufficient to make a pill mass with one troy ounce of sulphate of quinia. Care must be taken lest more water be added than is absolutely necessary, as an excess will produce too soft a mass, which would eventually flatten out.—*New Remedies.*

**In Menopause.**—The following prescription is specially serviceable in the various manifestations which often accompany the menopause :

R Sodii bromidi.....	3 iv.
Tinc. Nucis vomica.....	3 ij.
Elixir calisaya.....	3 ij.
Syrupi pruni Virg.....	3 j.
Elixir simplicis.....	3 vj. M.

Dose, two drachms two, three or four times a day, as needed.—*Chicago Med. Gazette.*

**Antidote for Carbolic Acid.**—Husemann recommended several years ago saccharated lime (a solution of caustic lime in sugar-water) for neutralizing the poisonous effect of carbolic acid, while Sanftleben claims to have found an antidote in sulphuric acid, which, according to his statement, enters into a not poisonous combination with carbolic acid; he prescribes the following :

R Dilute sulphuric acid ....	10.0
Muc. of gum arabic .....	200.0
Simple syrup.....	30.0

Mix and give a tablespoonful every hour.—*Pharm. Ztschr.*

**Compound Wine of Iron and Calisaya.**—One of our correspondents sends us the following formula, which, he says, is "far superior to any or all elixirs as a general tonic :

R Cinchona bark, Calisaya.....	3 iv.
Gentian root.....	3 iv.
Fresh hops.....	3 iv.
Dandelion root.....	3 iv.
Wild cherry bark.....	3 iv.
Dogwood bark (cornus Florida).....	3 iv.
Orange peel.....	3j.
Cinnamon.....	3j.

Grind to a coarse powder, mix intimately, moisten with sherry wine and glycerin (equal parts), pack in a percolator, and pour enough best sherry wine on top to obtain one quart of percolate. Then add, previously dissolved in hot water :

Pyrophosphate of iron..... 13.

Mix the whole together.

**Spirit of Nitrous Ether.**—The difference between a good article and a sorry one is well shown in the preparation of nitrous ether as prepared by Messrs. Merrell, Thorp & Lloyd, an advertisement of which appears in this Journal. The remedy as usually found in the shops has little or no strength, on which account many practitioners have abandoned its use; and yet, when pure, as prepared by the above House, it is very efficient as a diuretic and cooling diaphoretic, highly useful in fevers, in strangury and irritable bladder, etc.

The following formula is suggested for the relief of high febrile exacerbations, especially when the urine is red and scanty :

R Spirit of nitrous ether, pure.....	3 ij.
Water.....	3 iv.
Tinc. aconiti.....	gtts. v.

Dose, one teaspoonful every hour.

**Pruritus Ani.**—During last summer I had a case of this kind which baffled all my endeavors, until I used the following prescription :

R. Camphoræ; Chloral Hyd., aa.....	3 ss.
Ung. Petrolei.....	3 vij. M.

Sig.—Ointment.

This gave immediate relief, and a few applications only were needed; the itching was permanently allayed. Repeated experiences with it since that time have so satisfied me of its efficiency, that I venture to suggest it to the readers of your valuable journal, in the hope that they also may find it a "friend in need."—DR. JOHN H. PACKARD, in *Medical and Surgical Reporter*.

**For After-Pains.**

R. Tinct. aconite.....	gtts. v.
Tinct. macrotys.....	gtts. x.
Water.....	3 iv.

A teaspoonful as often as necessary (every one, two or three hours) to give relief.



## EDITORIAL AND MISCELLANEOUS.

**Please Read.**—This number of the RECORD will be sent to certain brethren whose names we dropped from the roll in January, for non-payment.

Friends, we regretted to do it, but the draught was too heavy upon us. As sensible men you cannot but feel that we did not desert you, but you deserted us. We suppose you are clever men but careless, but the injury and loss to us was all the same.

Will these brethren not pay up back dues and renew their subscriptions?

**We receipt all by letter or postal card who request it, but prefer to receipt in the Journal to save postage.** We beg to say to those who send by registered letter or postal order, that a special receipt is not necessary, as the post office records will always establish the fact if a question arises as to a remittance having been made.

**Cinchonia.**—We invite special attention to the advertisement of this article in to-day's Journal, by Messrs. Powers & Weightman.

**Reynolds' System of Medicine.**—In our notice of this valuable work, in our March No., we should have stated for the benefit of our readers that this is the same work as that published in England in five volumes, and sold at a very high price.

The five volumes and five thousand pages of the original is, by the use of a condensed but very clear type, and double columns, compressed into three volumes of about three thousand pages, which includes the American additions by Henry Hartshorne, M. D.

Price, \$5.00 per volume, cloth.

The work is sold by subscription. Messrs. J. H. Chambers & Co., Atlanta, Ga., are the general agents for the South.

**Donation to the College Museum.**—Dr. W. S. Morgan, of Houston, Ga., has presented to the Museum of the Southern Medical College a very interesting and remarkable specimen of abnormal foetation. We hope to procure from the Doctor a history of the case, before describing it in detail. He has the thanks of the Faculty for the valuable donation.

**New Journals.**—The following letter contains, we think, a useful hint which we hope our readers will profit by :

**EDITOR OF RECORD :—Dear Sir:** We dropped your Journal two years ago to take one which we thought equally as good, and cheaper. But we confess that we have been disappointed, and we return to our first love.

Enclosed find \$5.00 for which please send us the two back volumes we have lost, and renew our subscription to our old friend, the Record.

E. R.



*AMERICAN MEDICAL ASSOCIATION.*

This body, composed of representatives of the profession from all parts of the Union, will convene on the first day of June, in the city of New York. A meeting of universal interest and importance is anticipated. In the face of all the criticism that has been made against the Association, it has accomplished good in the past, and is destined, we believe, to exert a great influence and accomplish great good in the future.

The Association of Medical Editors will meet on Monday, the day preceding the opening of the American Medical Association.

The Association of Medical Colleges will meet also to discuss important questions connected with the advancement of medical education.

*McDOWELL MEDICAL SOCIETY, HENDERSON, KY.*

Dr. J. T. Jenkins, the Corresponding Secretary, gives notice that the approaching session will be one of great interest, as matters of great importance will be brought before the meeting. A number of prominent physicians will be present. All members having papers to read (both voluntary and reports of committees) are urgently requested to notify the Chairman of the Committee of Arrangements, Dr. W. B. Furman, by the fifteenth of May.

Every preparation will be made by the Committee of Arrangements for the comfort and pleasure of those attending, and it is earnestly requested that all members who can possibly do so will be present.

The Session will open on May 28, 1880.

*MEDICAL ASSOCIATION OF GEORGIA.*

We glean from the Augusta papers the following facts in relation to the Georgia Medical Association, which met in Augusta, Georgia, on April 21st.

The address of welcome was delivered by Prof. H. F. Campbell, of Augusta, in his peculiar eloquent and happy style.

The annual address was delivered by Prof. Joseph Eve, the President of the Association. It was an able and interesting address, and evinces that age and hard service in the profession have not detracted from the power and eloquence of this honored veteran in our ranks.

We regret that we have not space to publish this address entire.

A large number of members were enrolled and quite a number of new members were initiated.

The Committee to present the claims of the late Dr. Crawford W. Long, as the discoverer of Anæsthesia, before the American Medical Association was granted further time.

On the second day of the Association, Dr. W. P. Nicolson, Prof. of Anatomy in the Southern Medical College, Atlanta, was introduced as the Delegate from the Virginia State Medical Society, and was also admitted to membership of the Georgia Association.

A number of interesting papers were presented.

Dr. DeSaussure Ford read a voluntary paper from Dr. L. D. Ford, on "Organic Affinity and Vital Selection."

Dr. Thos. Wright presented a paper on a case of incised wound of the elbow.

Dr. A. Sibley Campbell presented a voluntary report of surgical causes.

Dr. Eugene Foster read a full and very able paper on the epidemic of yellow fever in Augusta. This paper was listened to with very deep attention by the Association. Dr. Foster took the ground that yellow fever can originate in a city, the proper conditions existing to produce it. This was combatted by Dr. Henry F. Campbell, who held that it was impossible for yellow fever to originate in Augusta. It must be imported. Trash piles might be piled up mountain high, malarial fevers might prevail, but there could be no yellow fever unless the germs were brought

here from infected districts. These germs might be brought in trunks, in clothing, or in the hair. A person might come from an infected district, change his clothing at the quarantine station, twenty miles away, have his hair washed with carbolic acid if need be, and there could then be no possible danger to the people of the city, by his coming into it, even though the black vomit was gushing from his mouth. He denounced the present personal quarantine system as cruel and horrible, and said if it was persisted in, it would result in insurrection.

The discussion on the paper occupied nearly the entire day and was interesting and instructive.

The Chairman announced the following list of delegates to the American Medical Association at its session in New York, next month:

Henry Gaithen, Oxford; Thos. R. Wright, Augusta; Robt. Battey, Rome; J. P. Logan, Atlanta; J. B. S. Holmes, Rome; H. F. Campbell, Augusta; Wm. F. Hitt, Macon; E. W. Alfriend, Albany; W. J. Howell, Bainbridge; T. M. McIntosh, Thomasville; J. C. LeHardy, Savannah; T. S. Powell, Atlanta; F. A. Standford, Columbus; A. G. Whitehead, Waynesboro; Thos. Raines, Atlanta; J. W. Bailey, Gainesville; Jno. G. Thomas, Savannah; DeSaussure Ford, Augusta; A. W. Griggs, West Point; G. F. Cooper, Americus; Wm. O'Daniel, Bullard; C. H. Hall, Macon; K. P. Moore, Forsyth; A. Sibley Campbell, Augusta; W. B. Wells, Red Clay.

The Committee on Nominations reported the following nominations for officers for the ensuing year:

*For President*—Dr. J. C. LeHardy, of Savannah.

*First Vice-President*—E. W. Alfriend, of Albany.

*Second Vice-President*—W. B. Wells, of Red Clay.

*Censor*—E. L. Connelly.

*Committee on Publications*—Drs. Jas. B. Baird, T. J. Johnson, W. S. Armstrong, W. T. Goldsmith, K. P. Moore.

*Committee on Necrology*—K. P. Moore, A. S. Campbell, T. S. Hopkins, J. B. S. Holmes, C. B. Leiner.

Prof. H. F. Scott, of the Southern Medical College, was elected to deliver the annual oration at the next meeting of the Association.

The report was unanimously adopted.

The Secretary and the Treasurer are elected every five years. Dr. Jas. B. Baird, of Atlanta, is the Secretary, and Dr. K. P. Moore, of Forsyth, the Treasurer of the Association.

The last evening an eloquent and interesting address was delivered at Masonic Hall by Dr. W. S. Kendrick, of Atlanta. At ten o'clock the Association and their invited guests proceeded to the Planters' Hotel, where an elegant banquet was spread on three long tables. After a Blessing was asked by Rev. W. B. Walker, the substantials and delicacies, with a liberal accompaniment of punch and champagne, were discussed to the satisfaction of all present. There were no regular toasts, but several impromptu sentiments were proposed, among them the following:

The Medical Association of Georgia—Responded to by Dr. Doster, of Blakely.

The Nestor of the Medical Profession of Georgia—Responded to by Dr. L. D. Ford.

The Southern Medical College—Responded to, in a happy manner, by Dr. Nicolson.

The Atlanta Medical College—Responded to by Dr. J. Thad. Johnson.

The Legal Profession—Responded to by Gen. M. W. Gary. Gen. Gary was very happy in his remarks, and loudly applauded.

The Secretary—Responded to by Dr. Baird.

The Committee of Arrangements—Responded to by Dr. A. Sibley Campbell.

The Press—Responded to by Mr. James R. Randall.

The Clergy—Responded to by Rev. Father McNally.

The next meeting of the Association will be held at Thomasville, April, 1881.

## HYDRATE OF CHLORAL.

Dr. H. H. Kane, 191 West 10th street, New York, specially requests members of the profession with any experience in the use of hydrate of chloral to answer the following questions, and give any information they may possess with reference to the literature of the subject :

1. What is your usual commencing dose?
2. What is the largest amount you have administered at one dose, and the largest amount in twenty-four hours?
3. In what diseases have you used it (by the mouth, rectum, or hypodermically), and with what results?
4. Have you known it to affect the sight?
5. Have you ever seen cutaneous eruptions produced by it?
6. Have you known it to affect the sexual organs? If so, how?
7. Do you know of any instances where death resulted from or was attributed to its use? If so, please give full particulars as to disease for which given; condition of pulse, pupils, respiration and temperature; manner of death; condition of heart, lungs and kidneys; general condition, age, temperament, employment, etc., etc. If an autopsy was held, please state the condition there found.
8. Have you seen any peculiar manifestations from chloral—as tetanus, convulsions, or delirium?
9. Do you know of any cases of the chloral habit? If so, please state the amount used, the disease for which the drug was originally administered, the person's temperament, and the present condition of the patient, with reference to the state of body and mind in general, and the various organs and systems in particular.

## SPECIAL NOTICES.

WM. R. WARNER & Co.—We desire to call the attention of our readers to the advertisement of this house. It is one of the most reliable houses in the United States, and all the preparations which they advertise can be depended upon to be as represented. We have used their medicines ourselves, and have never been disappointed.

It is becoming more and more necessary to make remedies as little repulsive to patients as possible, and therefore those elegant preparations, as are many of the elixirs, syrups, and sugar-coated pills, are becoming popular among physicians; but a frequent drawback is the unreliability of the preparations of many manufacturers. This objection, however, we know, does not hold in regard to those of Warner & Co.—*Cincinnati Medical News*.

We would call attention to the advertisement, on page 9, of Messrs. HENRY THAYER & CO.

This is an old and honorable house, having been established in their branch of Pharmaceutical Chemistry over thirty years.

All of their preparations are faithfully made of full strength, elegant in appearance, and have deservedly won a wide reputation. Physicians and druggists may depend upon the correctness and accuracy of any preparation bearing their label.

Their list of new Fluid Extracts is extensive, and the genuineness of indigenous raw material is certified at the Botanical Gardens of Harvard University.

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The Profession has, moreover, been placed under obligations to it for the great majority of the valuable New Remedies which have during the past few years been added to the materia medica. Inasmuch as it makes a specialty of New Remedies, physicians will do well in testing these to secure PARKE, DAVIS & Co's preparations of them before passing judgment on their merits.

The later additions which Parke, Davis & Co. have introduced are *Jamaica Dog Wood*, a substitute for opium; *Mansa*, the Brazilian antirheumatic remedy; and *Ergotæ Purificatus*, a constant preparation of ergot and one peculiarly adapted for hypodermic administration.

## EXTRACT OF A LETTER FROM DR. HUNTER MCGUIRE.

Richmond, Va., April 1880. \* \* \* \* \* In a host of diseases where a powerful tonic and alterative is wanted, the BEDFORD ALUM AND IRON MASS AND WATER is of inestimable value.

HUNTER MCGUIRE.

# THE Southern Medical Record.

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EDITORS:

T. S. POWELL, M.D.    W. T. GOLDSMITH, M.D.    R. C. WORD, M.D.

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*R. C. WORD, M.D., Managing Editor.*

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~~53~~ All Communications and Letters on Business connected with the Record must be addressed to the Managing Editor.

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## ORIGINAL AND SELECTED ARTICLES.

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LEPRA.

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BY JAS. H. LOW, M. D., OF NEW YORK CITY.

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Believing that the subjoined case might not be uninteresting to your numerous readers, I give you a synopsis of it.

We were called on the 12th of last December to see Mrs. N., residing on Fifty-ninth street in this city—a native of England, aged sixty-eight years—who has resided in the United States thirty years. When first seen, her limbs were swollen to twice their usual dimensions, and were of a dark, livid color, assuming that form of the disease denominated *Lepra Nigricans*; scales from one-quarter to one inch in diameter forming on her limbs to one pint or more in twenty-four hours, with general itching over the body and upper extremities; tongue heavily coated—edges and tip red; circulation from eighty to ninety per minute; little or no appetite, and very despondent, as she thought her case incurable—remarking that she had been treated for the last twelve months by doctors in Albany and New York city, who said they could cure her but had failed. She also complained of insomnia, caused principally by the stiffness and itching of the lower limbs, which were mostly involved at the beginning.

I endeavored to obtain from her the line of practice pursued by her former medical attendants, and as well as could be ascertained it was

the usual course adopted in such cases, but as she claimed without any good results—hence her despondency. Under these circumstances we took charge of the case. We prescribed a pill composed of pilulæ hydr., one grain; podophyllin, one-quarter of a grain; extract colocynth comp., one grain—one pill at bed-time. Also the bromide of potassium alternating with opiates to be taken *pro re nata* to quiet nervous excitement and procure sleep. We also prescribed liquor potassæ arsenitis in doses of eight drops three times daily; which treatment we continued ten days or two weeks; and while the pills and bromide acted like a charm, as evidenced in her satisfactory and refreshing sleep, and tongue cleaning off, and a return of appetite, yet the Fowler's solution produced that peculiar swelling—*œdema asenecalis*—which we discovered in her face and eyelids. She then informed us that some one of her former medical attendants had used that remedy before. We now commenced with the potassi iodidum in six-grain doses three times daily, in conjunction with the mercurial pills as we thought they were needed; and in consequence of the enormous swelling of the lower limbs, we applied equal-pressure roller bandages from the toes to half-way up the thighs. This treatment was pursued for two months; in the meantime, while the lower limbs seemed to improve a little, the upper extremities and whole body became involved. Language is inadequate to describe her appearance. I have not seen such a case in any of the hospitals I have ever visited. Hobbling to her bed, which she persisted in doing without help, she could be traced by the scales on the floor, handfuls being taken from her daily; in many instances the blood following the scraping off the scales. We had to discontinue warm baths. As the lower limbs first showed evidence of the disease and had continued up to the present, we concluded that a seclusion of Atmosphere, combined with equal pressure, was necessary to restore the blood-vessels to their normal condition; consequently, the starch bandage was applied twice per week to the lower limbs, and continuing the potassium iodide with the addition of the syr. sarsaparilla comp. three times a day—ten grains of iodide in two drachms of syrup. This treatment was continued for three months, observing a little improvement each successive week, the limbs gradually assuming their natural size and appearance with less of itching and scaly eruption. During the latter part of the treatment we gave quinine and iron as a tonic, and recommended driving in Central Park. In the latter part of our treatment erysipelas supervened, but disappeared by the application of usual remedies and the limb was left apparently freer from disease than before the attack of erysipelas. We persevered in the application of our starch bandage observing that Alcoholic stimulants internally or grease applied ex-

ternally aggravate the symptoms. She now has a good appetite, tongue cleaned off, sleeps well, her skin smooth, her appearance natural and no symptom or trace of the disease left when we discharged her on the 25th of April last. She is now on a visit to friends in the upper part of this State.

NEW YORK CITY, May, 1880.

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YELLOW FEVER, A MORE INDIGENOUS THAN EXOTIC  
DISEASE AND NOT BELONGING TO THE ZYMOTIC  
IN THE SHAPE OF CONTAGION.

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BY L. V. WEATHERS, M.D., OF ARK.

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You will please allow me to notice through your columns the article of Dr. Greenley, of Kentucky, upon the nature of yellow fever and its fearful ravages. The Doctor takes the position that it is indigenous, the only man whom I have read after through any of our journals who really advocated what I believe to be the true and chief cause of this malady.

I believe yellow fever to be based upon malarial influences alone, the same causes giving rise to some of our most malignant and pernicious types of fever, being in a more poisonous form still, when confined to crowded towns and cities, being mixed with the animal as well as decayed vegetable matter, which being pent up in the walls of large cities and towns becomes more poisonous in its nature. The inhabitants all breathe in the same atmospheric poison; all become infected from the same cause, and consequently greater is its spread, and hence, on this account alone, it is now classed as zymotic, propagated by contagion or contact. I believe the germ of yellow fever lives in cities built upon low flat ground, for ages, and even while building cities the uneven ground is often filled by rubbish, etc., which may form by decay new earth, and the dampness, which may originate in cellars or around cities, arises oftentimes from new made earth of vegetable and animal matter.

I read a report from one of the Sanitary Committees of New Orleans some two years ago, and it was discovered that the dump carts had emptied loads of refuse matter, animal and vegetable, in portions of the city until they had filled some ravines or uneven spots of ground, and upon a careful investigation it was found to be nothing more than a soft pulpy mass from the animal and vegetable decay going on beneath, a poison emanating from rotten cabbage, etc. Is not this malarial and animal poison combined? And is not this the case in every city without the aid of vigilant sanitary committees?

Then I concur with Dr. Greenley that it is not an exotic disease but

has its nidus among us. The Doctor says where there are so many different views and opinions regarding any one thing, it is pretty strong proof that it is either poorly understood, or that the subject is obscure and exceedingly difficult to investigate. I heartily endorse him in this position, and at the same time maintain my position that it is a malarial disease and generated by malarial influences, and like our pernicious fevers, frost puts an end to it. I cannot but think that our so-called swamp fever here, or in other words yellow fever, for it is nothing else in its true sense in a modified form, all of which is based upon malarial influences, confined, as its name designates, to low, flat swamps, the nests of malaria, and if this same cause mixed with animal matter such as they have in cities, and that atmosphere pent up, it would have all the malignancy of yellow fevers that occur in cities. I say so without fear of successful contradiction. I meet with yellow fever here without all these contaminating surroundings, and what do we see: the patients, inhabitants of malarial districts, having chills for awhile previous; finally, a distinct rigor seizes the patient; severe and constant vomiting, with discharge of ropy mucus, ensues; now and then a little green bile, but seldom; the straining continues, and retching to a distressing degree; the urine now is nothing but pure blood, the bowels closely confined, and the patient as yellow as a pumpkin—even the eyes perfectly orange.

What is this but yellow fever based upon malaria?—and the odor which emanates from the body is really sickening.

I have seen these cases, and treated them successfully in the following way, and had I a regular case of yellow fever in Memphis or New Orleans, I would treat it upon the same principle and would risk my life on it if I was its victim.

*Treatment.*—If you see the victim early, give four or five grains of calomel with opium if you can, but I had rather rely upon the calomel alone. You cannot give anything by the stomach after twenty-four hours. Use boiled corn around the patient; keep twenty-four ears in a large pot, place twelve ears around the patient and continue the heat until he sweats freely; then rub the inside of the thighs with mercurial ointment, and bathe the body every two hours, and rub it in with quinine, strong tincture of capsicum, and good apple vinegar.

This is the only treatment, and when you succeed in salivation you then can claim your patient safe, and not 'till then; and not a severe salivation are you going to set up after all. Does not this show the re-establishment of the secretions shut up by malarial poison?—such poison as, if mixed with the animal matter and pent up in a city, would generate regular yellow fever—not contagious, but dependent upon a true malarial cause.

## ON SOME POINTS IN THE THERAPY OF ACONITE.

BY J. W. HICKMAN, M. D., DELTA, PA.

Though an old remedy, aconite does not enjoy that degree of popularity to which it is entitled. In its sphere of influence it is one of the most valuable agents we possess. Its extended employment by homeopaths has tended largely to arouse a prejudice against it among regular practitioners; its use by those quacks, however, does not detract one jot from its real worth. In this paper we shall omit all theoretical considerations, and shall state only those facts which experience has tested, and which may hence be regarded as perfectly trustworthy.

Aconite depends for its activity upon the aconitine or aconitia which it contains; the other alkaloids which have been thus far discovered are aconella and napellina. An important point to be distinctly understood at the outset is that aconite is a drug possessing, upon the basis of dosage, a two-fold and opposite action; that is, the effect of a small dose is diametrically opposite to the effect induced by a large dose. This may be best seen in its influence upon the circulation; a small dose as a drop or two will slow the heart's action, while a large one will hasten its activity. Any one may test the truth of this statement for himself. Without an appreciation of this fact it is utterly impossible to derive satisfactory results from the administration of aconite. In small doses aconite will be found to control the heart, both in point of frequency and power of contraction. It also lessens arterial tension, and increases elimination by the skin; and, according to some authorities, it increases the functional activity of the kidneys. Most observers will, I think, agree that its diuretic tendency is not constant, however. To possess an accurate knowledge of its therapeutics, then, it becomes us to seek after the conditions upon which this variance depends. G. Hunter McKenzie tells us (*Practitioner*, Jan., 1880), as his conclusion from a series of careful observations, that in cases marked by an absence of cardiac and renal diseases, and in certain febrile conditions, aconite has a tendency to increase the urinary secretion. Every practitioner can, in cases requiring the use of aconite, test for himself the accuracy of these conclusions.

Aconite will also slow the respiratory movements, and will lessen abnormal heat. The heart, however, seems to receive the brunt of its action; for, in case of poisoning, the cardiac movements cease before those of the respiration. The systemic effects of the drug are manifested in about thirty minutes, and last for about three hours; hence the dose should be repeated at about this interval. Of course, aconite is contraindicated in all conditions of adynamia. It should be remembered, too, that aconite will increase an existing irritability of the gastric mucous membrane, thus impairing the appetite, hindering digestion and causing diarrhea. In the normal state of the mucous membrane, however, it will increase the gastric secretions and accelerate the peristaltic movements.

In addition to the measures usually instituted in cases of poisoning by aconite, digitalis should be recognized as a valuable antagonistic to the depressing influence of the drug in question. It was first recom-



mended by Fothergill. In a recent clinical lecture Professor DaCosta recommends the hypodermic injection of two drops of the fluid extract of digitalis in water, in any case of heart-failure from whatever cause; this is at once an efficient, prompt and convenient method of administration, and richly deserves to be held in memory, not only in aconite poisoning, but in like conditions generally. In such of the acute inflammatory and febrile conditions as are especially marked by sthenic reaction (high temperature, increased arterial tension and rapidity of pulse), aconite is a highly valuable agent. The continued fevers form an exception to this statement, save where great hyperpyrexia obtains.

This drug interferes in no way with other measures indicated in these conditions; it does faithfully its own special work, and leaves the attendant free to meet other indications as they present themselves. Aconite takes no second rank in the treatment of those *acute inflammations of the respiratory organs* which are at all extensive. Than this drug there is no more reliable in acute *pneumonia* and pleurisy.

But a few days ago I prescribed two drops of the tincture of the root every three hours in a case of pneumonia at the base of the right lung. There was, when first seen, on the fifth day after the invasion, delirium with a temperature in the axilla of  $103.4^{\circ}$ , and the pulse, full and bounding, was driving away at a rate of 132 per minute. At nearly the same time on the next day the thermometer registered but  $100.1^{\circ}$ , and the circulation was fully under control at 85 pulsations per minute. The aconite was the only agent given internally; of course poultices were applied externally.

Nor is this an isolated case; I have seen the same good result over and over again. As a rule, aconite is the only remedy necessary up to the period of crisis. It will be found useful at any stage, however, for it not only moderates the activity of the symptoms, but assists in the removal of inflammatory products. Pleurisy, too, up to the stage of effusion, is best treated by small doses of aconite. If there be severe pain, it will be well to combine it with some preparations of opium.

R Tinc. aconiti rad..... 3 ij.

Tinc. opii deodorat..... 3 vi.

Dose, eight drops in water every two or three hours, or at first oftener. With poultices externally no treatment is more efficient.

The hot stage of intermittent and remittent fevers may be greatly modified in intensity by drop-doses of aconite every half-hour or hour. It may be conveniently given in some fever mixture as the effervescing draught or neutral mixture. Aconite is almost indispensable in the treatment of certain stages in scarlet fever—the eruptive stage and the stage of desquamation. It not only lowers the temperature, but it increases elimination by the skin and kidneys, and tends to check the nasal, faucial and aural inflammations which constitute such troublesome complications and such terrible sequelæ. In measles where the temperature runs high, or where acute pneumonia or bronchitis threatens, aconite is by all odds our best remedy; it will control the tendencies of the disease as no other agent can.

Peritonitis is best treated by a combination of aconite and opium, similar to that recommended above for pleurisy; larger doses of opium will be required, however. Aconite is a valuable remedy in cerebral

and cerebro-spinal meningitis, and also in the active form of acute cerebral congestions, occurring within the cranial cavity. The very best remedy we can employ in cardiac hypertrophy is aconite, in one or two-drop doses, three times a day, for a week or two; it is then well to drop to twice a day, of course watching carefully the effect of a protracted use. As a rule the drug must be continued for six or nine months. In addition to this, the exciting cause must be removed, and the patient lie down a few hours each day; thus every indication of the case is at once met, and more than this plan of treatment nothing can be done.

We are told by Ringer and by Phillips that suppression of the catamenial flow, caused by cold, can be relieved by drop doses of aconite, repeated every half-hour or hour. In intense traumatic inflammations it is well to combine aconite with a small quantity of sulphate of morphia.

Much has lately been written as to the efficacy of aconitia in neuralgia. I cannot speak from experience with the remedy, but it is recommended by authorities whose capability or veracity cannot for one minute be called in question. Dr. Robert F. Weir, Surgeon to the New York and Roosevelt Hospitals, reports a case of eighteen years standing which he cured by this agent. The affection was, in the main, confined to the distribution infra-orbital nerve of the left side of the face, with the paroxysm recurring nearly every minute. Sleep had been obtained by chloral and opium. At first 1-140 of Duquesnel's preparation was exhibited three times per day. In two days it was increased to 1-96 grs. *per die*. After another two days four doses per day; no physiological effect, although the pain was relieved. After eleven days from the first dose, seven doses of 1-96 grs. were given per day; no physiological effect save a slight chilliness. The pain soon left him entirely. Dr. E. C. Sequin prescribes it thus :

R Duquesnel's aconitia ..... gr. 1-12 to ½.  
 Alcohol .....  
 Glycerin .....aa ʒj.  
 Peppermint water.....ad. f. ʒij. M

Dose, one teaspoonful three times per day. The dose is to be steadily but carefully increased. He sometimes finds it to succeed perfectly, and again it proves absolutely worthless. We can only say that, in the absence of other effective means, this agent merits a persistent trial. As a local application in painful conditions, Bartholow recommends the following :

R Tiuc. aconiti rad.....  
 Chloroforml.....aa ʒss.  
 Lin. saponis..... ʒj. M

Dose, moisten a piece of flannel and apply to painful point. He says it is much more efficient than the official aconite liniment.—*Country Practitioner*.

Faraday says, in a lecture, that Society, speaking generally, is not only ignorant as respects education of the judgment, but is also ignorant of its ignorance; correct judgment with regard to surrounding objects, events, and consequences becomes possible only through knowledge of the way in which surrounding phenomena depend on each other.

## COLD WET SHEET PACK IN SCARLATINA.

BY DUDLEY M. CULVER, M.D., OF WHITESVILLE, INDIANA.

We have just passed through a severe epidemic of scarlet fever in this section, and as we have had several deaths, it gave us room for scientific research in order to give our patients the best medical aid that was known to the profession. The epidemic at this point took a peculiar course, affecting adults more seriously than little children, and we had the disease in every form, from the most simple to the most malignant.

Our first cases we treated with antizymotic remedies, together with sponge baths and "old bacon grease" as external remedies, and despite our efforts we lost some cases; all this time fearing to use heroic treatment, on account of public opinion. But I have since formed a resolution to use such remedies hereafter as my judgment dictates, and let public opinion take care of itself. The cases we lost died, beyond a doubt, from uræmic poisoning, and we know that uræmic poisoning is caused by the rapid disintegration of tissue, induced by *excessive high temperature*, converting urea into carbonate of ammonia. Hence, this being the case, common sense ought to teach us that the excessive temperature in scarlet fever must be reduced or death will be the result. But what is an excessive temperature? I will say that in our research we found that if the temperature can be kept at or below  $102^{\circ}$  there is little danger, but in all of our malignant cases the temperature commenced at from  $103\frac{1}{2}^{\circ}$  to  $105\frac{1}{2}^{\circ}$ , and this is what we found to be excessive and truly dangerous; and truthfully does Prof. Reamy, of Cincinnati, speak when he says that "where the temperature stays at  $105^{\circ}$  for 24 consecutive hours he has never seen a case get well." Hence we see, and have found by experience, that the temperature is what we have to fight in the first five days, and guard against albuminuria after convalescence.

And they may suggest antizymotics, such as "sulphurous acid dilute, hyposulphite of soda, iron, etc.," but I find it is a dangerous practice in a disease as treacherous as malignant scarlet fever. There is no mistaking the fact that the temperature is what we have to fight, and, consequently, our main reliance must be on remedies that will reduce the temperature, and, at the same time, use diuretics as a shield against suppression of the urine.

Public opinion was strong against the *cold wet sheet pack* when it was first mentioned, the people supposing it would repel the eruption, drive the fever internally, and cause instant death; and as death was to be feared in malignant scarlet fever, we hesitated using such a heroic remedy, knowing too well that should our patients die the world would be ready to say that "the wet pack done it."

But finally I had a malignant case that was almost hopeless, Lelia S—, aged 12 years, temperature commenced at  $103\frac{1}{2}^{\circ}$  and rapidly rose to  $105^{\circ}$ . I could reduce the temperature by ordinary methods as low as  $102^{\circ}$ , but it would suddenly fly up again. She was restless, inclination to delirium, and threatened with uræmic poisoning. Finally I sent for my counselling physician, R. French Stone, M.D., of Bain-

bridge, an excellent physician of wide repute, and by our united efforts secured the right to use the cold wet sheet pack on this case.

Commenced Thursday evening at six o'clock with a temperature of  $104\frac{1}{2}^{\circ}$ . Stripped her of all clothing and wrapped her in a sheet wrung out of cold well-water. The result was very flattering. The temperature next morning at 7 a.m. was down to  $101\frac{1}{4}^{\circ}$ , a reduction of  $3\frac{1}{4}^{\circ}$  in thirteen hours. The wet sheet was renewed as often as it became warm.

This case made a good recovery, and we have tried the *wet pack* in several malignant cases since where the temperature would reach  $105^{\circ}$ , and with the same result. We used internally at the same time :

R Tinc. digitalls..... ʒij.  
Fl. ext. jaborandii..... ʒj.

Dose, a teaspoonful every four hours.

I will say that in place of repelling the eruption the pack brought it out more abundantly; and it is surprising how rapidly the patient becomes quieted and sleepy after the first application of the pack.

This is only necessary, understand me, in malignant cases, with high temperature. We don't treat all cases of fever alike, but treat a disease as the disease is presented to us. Many cases of scarlet fever will yield at once to diuretics and diaphoretics. Such cases, of course, need no wet sheet. But in conclusion let me say, *Fight the temperature as a consuming fire.*—*Ind. Practitioner.*

#### CHICKEN CHOLERA—PASTEUR'S NEW EXPERIMENTS.

Mr. Pasteur's last communication to the Academy of Sciences and the Academy of Medicine upon chicken cholera, is not only the great scientific event of the month, but without doubt contains one of the greatest discoveries of the times. It is still the process of cultivating microscopic beings which forms the basis of the new experiments and which has permitted the grouping together in one sheaf of new facts that give us a glimpse of more correct scientific conceptions of the nature of diseases for the future, of a better treatment and protection, and a prophylaxis such as we have never been able even to dream of.

Under the name of chicken cholera is designated an epidemic disease of very rapid progress which depopulates the poultry yards. Loss of strength, depression, and invincible somnolence characterizes it. A microscopic organism is the cause of this disease. It was discovered by Moritz and has been described particularly by Peroncito and Tous-saint, of Toulouse. Of extreme smallness, when it multiplies it forms, with marvelous rapidity, immense quantities of new organisms so minute that they are not measurable by the microscope.

Mr. Pasteur has studied this organism as he has that of the bacteria of malignant pustule (charbon), and has ascertained that it must have a peculiar medium of cultivation; chicken soup (*bouillon de poule*); other solutions, suitable for the culture of other microscopic organisms (microbes) are absolutely unsuitable to its culture, it is reproduced badly therein, and perishes rapidly. There is a very curious relation between the medium of cultivation and the living individuals, of which

one is suited to the development of an infectious disease, while another animal species is absolutely refractory to it.

When this cultivated microbe is inoculated, or when the blood of a fowl dead from cholera is inoculated, the same effects, the same development of disease and rapid death follow, almost certainly, in every case.

Chicken cholera, like the most of the infectious diseases, appears to guarantee the individual that has had it against recurrence. If a fowl has recovered from cholera it may be inoculated without result with the blood of a choleraic fowl, it resists the development of the disease.

Now, and this is the capital point in M. Pasteur's communication, by a peculiar mode of cultivating the microbe he has succeeded in obtaining an enfeebled microbe, which is incapable of killing the fowl but of protecting it against the cholera contagion. The fowl inoculated with the modified microbe is sick, but it does not die, it always survives. After it has regained its health, if it be inoculated with the strong, normal virus, with the blood of a fowl that has died of unmodified chicken cholera, it does not die, it is not even made sick.

Thus, in every respect, M. Pasteur has created vaccination against chicken cholera. He has not yet disclosed his method of thus enfeebling the power of the microbe, but will make it known in an early publication. From this may we not see for the future a limitless field for therapeutics and prophylaxis?

What an influence is exerted by the soil upon the development of the micro-organism has never before been so well demonstrated. Certain animal species are entirely unaffected by it; upon others, the rabbit and the Guinea pig, a local lesion is produced in which the microbe multiplies and preserves its virulence, but does not generalize its action.

Finally, the micro-organism does not develop again in the individual in which it has once developed. Again, the chicken soup in which the microbe has been reproduced in abundance ceases to be a good soil for it. If it is filtered and thus cleared of these organisms which have been abundantly produced, but forming only an insignificant mass, the soup, although suitable for the development of other species of vibrios, no longer permits the production of the cholera microbe; it is worn out for this species as is the organism which has once passed through the disease.

The transmission of this disease from one fowl to another is easy of accomplishment, for nothing more is necessary than to cause a fowl to inject some of the parasites, and it soon falls a prey to the affection. Should the pus from an abscess, caused by inoculating an animal like the Guinea pig with the disease, should some of this pus containing quantities of vibrios be mixed with the food given to fowls, the latter are quickly affected with cholera. Hence there are two methods of contagion: the direct and the indirect which throws light on many facts hitherto obscure.

As to inoculation, there is ordinarily produced a grave local disorder: induration, purulent infiltration and gangrene. The region swarms with micro-organisms. If the fowl has already been vaccinated, the local lesion is insignificant, the point affected throws off a small slough of no consequence.

Such, in short, are the facts which M. Pasteur has just shown to the

Academy when he reminded the members of the works of Davaine, Chauveau, Klebs, Koch as well as his own, upon the part taken by vibrios in virulent diseases and upon their transformations. By experiment he boldly attacks the most difficult problems in general pathology, and we already see him in possession of most important information concerning the modes of transmission of diseases and the power of resistance acquired by the organism which has withstood one attack.

It is to be seen that what is called the germ theory has entered upon a new phase. Pasteur's communication has produced a considerable sensation in the learned world, and we are willing to leave this sketch in the hands of the reader without further comment.—*Journal de Médecine et de Chirurgie pratiques.*

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### SULPHIDE OF CALCIUM IN THE TREATMENT OF SUPPURATING BUBOES.

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BY FESSENDEN N. OTIS, M. D.

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My attention was first called to the value of the sulphide of calcium in arresting processes of suppuration through an article in the *Lancet* of February 21, 1874, by Sidney Ringer, M.D. Dr. Ringer claimed that, when the product of suppuration in scrofulous sores was thin and ichorous, the administration of small doses of the sulphide of potassium or of calcium promptly changed the purulent fluid to one of a more healthy character, and that the healing of the sore was promoted. He also claimed that the formation of boils and abscesses was prevented by a timely administration of small doses of the sulphides, and that, when suppuration had already occurred in such cases, the suppurative process was quickly arrested through the influence of these remedies. Opportunity for a practical test of these claims soon occurred, and resulted in my own personal conviction of their entire correctness, and I have now for the last five years habitually prescribed the sulphide of calcium in cases of threatened suppuration in phlegmonous swelling from various causes, and, as a rule, with very gratifying results. The manner of its use was practically the same as advised by Dr. Ringer, viz: 1-12 grain of the sulphide of calcium every two hours, or 1-20 every hour, during the day and up to the time of retiring. Especially have I found small doses of the sulphide of calcium useful in arresting the progress of furuncular swellings and abscesses, and in preventing their occurrence when threatening. On the other hand, I have repeatedly tested the influence of this drug upon the suppurative processes in mucous membranes, as in gonorrhea, gleet, leucorrhea, etc., without being able to discover that it influenced or modified the suppurative process in such cases in the least degree.

Among the cases in my private practice where prompt arrest of suppuration was quickly followed by absorption of pus already formed and resolution of tumor, and apparently from the use of the sulphide of calcium, were several inguinal buboes associated with chancroid. The simple fact that resolution occurred in these cases were (in accordance with the popular teaching) accepted as proof that the buboes were of sympathetic and not of chancroidal origin.

Authorities have long taught that, once the virus from a chancroid has been carried along a lymphatic vessel and deposited in the adjacent lymphatic gland, inflammation is at once set up in the substance of the gland. This, it is claimed, goes steadily on in spite of all and any treatment until an abscess is formed. This must, sooner or later, through advance of the suppurative agency or by surgical interference, result in an open ulcer, the pus of which will possess the same vicious character as the chancroid from which it was derived. This variety of bubo is known as the virulent or chancroidal bubo. The suppuration of such buboes has been considered inevitable, and all buboes not pursuing this course have been set down as not of true chancroidal but of simple or sympathetic origin. Inflammatory lymphatic enlargements associated with chancroid are very naturally dreaded as most likely to prove by results to be of chancroidal origin, and usually, after a few feeble attempts at treatment with a view to their resolution, glands affected are encouraged to suppurate, and prompt incision and evacuation of pus are advised as soon as the slightest true fluctuation is recognized. If suppuration is indeed inevitable, undoubtedly it is wise to encourage it, to evacuate the virulent product at the earliest moment, and thus afford access for efficient treatment for the destruction of this new-formed chancroid. For this reason I had been an earnest advocate for early incision into suppurating buboes associated with chancroid. My experience in the few cases above alluded to, however, made me incline to the belief that a thorough and extended trial of the calcium sulphide in cases of inflammatory buboes associated with chancroid might give such results as to make its use imperative in every such case.

In order to gain further light on this important matter a systematic use of the calcium sulphide was made, in my service at Charity Hospital, in eighteen consecutive cases of inflammatory bubo occurring with, or as the immediate result of, well-pronounced chancroid. All the facts considered of importance were noted by myself and under my direction by Dr. Johnson, my house surgeon, and are truly confirmatory.

Thus it will be seen that, out of eighteen cases of inflammatory bubo presenting the rational evidences of chancroidal origin, and treated systematically by the use of small doses of the sulphide of calcium, resolution occurred in fifteen, and that in only three cases was incision ultimately required.

If we apply to these cases the usual rule that chancroid buboes always eventuate in chancroidal abscesses, always suppurate and require evacuation by natural means or surgical procedure, then we must hold that only three out of fifteen cases of inflammatory buboes associated with chancroid were the result of transference of the suppurative process from the chancroid to the adjacent lymphatic gland. It is just possible, however, that the influence of the sulphide of calcium may, in arresting suppuration, extend to the true chancroidal bubo. The apparent successful use of this drug in the series of cases herewith presented at least suggests and invites a trial of its efficacy in all instances of threatened glandular suppuration, whether associated with chancroid or of purely sympathetic origin.—*N. Y. Med. Rec.*

IF VERATRUM VIRIDE IS A SURE ANTIDOTE FOR  
OPIUM POISONING IN THE ACUTE FORM, MAY  
IT NOT BE IN ITS CHRONIC, OPIUM INE-  
BRIETY?—AN AFFIRMATIVE OPINION.

BY J. S. HALDEMAN, M.D., OF OHIO.

I received a communication, December 16, 1879, from J. B. Matison, M.D., one of the managers and physicians of Parish Hall, Brooklyn, N. Y., a private medical home for opium habitues; and assistant physician "Sanitarium," Media, Pa., speaking praiseworthily of my articles on morphia poisoning, which appeared in the Cincinnati Lancet and Clinic; in which he asked, if I knew "anything regarding it in the chronic form; opium inebriety strictly speaking; and what is your idea as to the *modus operandi*? Are you inclined to think it would be very valuable in chronic opium taking?"

My reply to him was substantially as follows:

*Dear Doctor*, I will endeavor to answer your interrogatories to the best of my ability. First, you wish to know, if I have any knowledge of the virtues of the veratrum viride in the chronic form, or opium inebriety. I would answer I have not practically. I can only give you my opinion theoretically; which would be answering your second question, to wit: what is "my idea as to the *modus operandi*?"

The two articles, opium and veratrum, have evidently antipodal effects, as much so perhaps, as any other two in the *materia medica*. Therefore I should think that the veratrum would be the leading article in removing the pernicious effects of its antagonist, opium.

Opium is a direct stimulant and an indirect sedative of the nervous, muscular, and vascular system. On the other hand, veratrum viride excites the entire secretory system; hence it is emetic, expectorant, diaphoretic, and diuretic. It also stimulates the nerves, and hence is a nervine. It reduces and calms the circulation, and hence is an arterial sedative.

Now, when opium is administered for the first few hours, if the dose is not inordinately large, it augments the volume and velocity of the pulse; elevates the temperature; and increases the circulation, producing a general stimulation of the whole system. But after perhaps from twelve to twenty four hours the giving of the drug, as a rule, sedation obtains, and the entire vital force of the nervous, muscular, and vascular system is lowered, and which calls imperiously for a repetition of it. As a sequence the secretions are measurably arrested through its contractile power over the muscular fibres. This, perhaps, accounts for the fact, that the opium user has always a more or less cadaverous appearance, showing plainly the diminution of the secretions, and in connection a change of the normal proportions of the globules of the blood.

Then the question would naturally arise in the mind of the physician, who wishes to remove this condition of things; what article as a remedy would he resort to? The question is plain, certainly the one that would bring a counter state of things; and that one is the veratrum viride, as I have already shown, though it may be faintly.



Dear Doctor, I think I have given you the *modus operandi*, which is what you asked me to do. I shall not essay to reason out the *modus operandi* in full detail, which would be an unpleasant task, and doubtless might prove unprofitable both to the writer and the parties addressed, for the reason that I have not the time at present, nor the space.

I do not know that the veratrum viride will beget a "loathing" for opium in the person who uses it, but I think it might cause an indifference for it, from the consideration that it will ultimately remove the necessity for its use—the peculiar condition in the system that opium establishes demanding its repetition. It may take the veratrum some time to accomplish this, therefore the remedy must be used delinquently—off and on—until recovery is fully brought about.

In regard to the length of time, for the continuance of the remedy, which was also inquired after, and which would be regarded by me, to depend very much upon circumstances. The idiosyncrasy, in different individuals, varies so constantly and greatly, that the susceptibility to the medicine, in one affected, might be greater than in another, consequently the time in the former would be shorter than in the latter in effecting a cure. If there is any bettering appreciable in the patient during the first two weeks or month treatment, it should be continued another two weeks or month, and so on, until a cure is obtained. But if there is no seeming or real improvement, during the first month or two, I think the treatment might as well be abandoned, with that particular patient, at any rate, for that time. The future, even in such a case, might develop altogether a different diathesis, so that a renewal of the effort would be justified and might be successful.

And now, as it relates to the size and frequency of the dose, and manner of its administration, whether hypodermically or by the mouth, which were also inquired after, I would say, in regard to them, we have to be governed greatly by circumstances, and the peculiar habits of the patients. There may be times when the patient might require minimum doses, and then again medium or maximum. Its effects must be closely watched; and be given in frequency and quantity, until it produces slight nausea; and then reduced and even suspended for a time, if need be. The dose might vary from one drop, and even less, to six or ten, or fifteen and more, if bearable, once, twice, or thrice daily.

All things being equal, I think it decidedly preferable to administer it by the mouth. In the acute form this cannot always be done. But in the chronic it would seldom be impracticable. There is not much danger, when watchfully administered, of any toxic results. During the treatment, the better plan is to withdraw the opium, little by little from the beginning, until it becomes safe to withhold it altogether, or the indifference of which I spoke obtains. If need be, support the patient after the withdrawal of the opium by tonics, such as quinine, etc.

To me, there appears to be some ambiguity in the quotation you give from Dr. E. H. Sholl:

"In his case there came a gradual loathing of the opium, by which he was enabled rapidly to withdraw the drug—because the system would not tolerate it."

There came a loathing for opium, and in consequence he was enabled to withdraw the drug. What drug? The opium or veratrum? I may

infer it means the latter. The system would not tolerate the depressing effects of it, after the stimulation produced by the opium had passed off.

If so, then tonics were indicated, and should have been given, to take the place of the abandoned stimulus to which it had been so long accustomed, and too in quantity in proportion to the amount of ennui occasioned.—*Cin. Lancet and Clinic.*

## TREATMENT OF ACUTE RHEUMATISM.

BY J. ALEXANDER LARUE, M.D., OF W. VIRGINIA.

Those who advocate the salicylic acid treatment *alone*, should remember that in ignoring the alkaline treatment they deny the pathology of the disease. That acute articular rheumatism is due to an acid poison in the blood is a fact generally admitted; and admitting the fact, the alkaline treatment seems to be the most scientific and reasonable of any yet presented to the profession.

Although it may be said that the salicylic acid treatment does shorten the attack, yet it has been the experience of some of our most successful and scientific practitioners that where the salicylic acid alone was used, the liability to endocarditis and pericarditis was greatly increased. On the other hand, the alkaline treatment does not, perhaps, shorten the duration of the attack, but it does diminish the liability to those heart troubles so frequently the sequela of that painful disease.

It seems to me, therefore, that a combination of the salicylic acid with some alkali would best meet the indications. I give my prescription, hoping thereby to add something, at least, for suffering humanity.

R Acid salicylic..... grs. clx.  
 Bicarb. Sodæ..... grs. cccxx.  
 Aqua..... ʒ iv. M.

Dose, teaspoonful every three hours. Should heart-trouble arise, I find great benefit from :

R Tinc. verat.-virid., (Norwoods).....  
 Tinc. digitalis.....aa ʒ ij. M

Dose, six to eight drops every six hours. I have found this combination of verat. virid. and digitalis of especial benefit in valvular lesions.

At the beginning of an attack of acute articular rheumatism, the system seems to be "locked up," and I always advise a free cathartic, and in my opinion mercury is the best, in a majority of cases, because there seems to be a decided inactive or torpid liver.

That great benefit results from the use of blisters there is no doubt in my mind, and in extreme cases I have always used them, and always was satisfied with their good effects.

However robust and strong a patient may have been previous to an attack of acute rheumatism, the system is always left in a debilitated condition.

Tonics are necessary, and I do not know that any is superior to mur. tinct. of iron, or if preferred in another form :

R Quinlæ and ferri elt ..... grs. clx.  
 Ext. nucis vomic..... fl ʒ iij.  
 Simp. syr. q. s. to make..... ʒ iv. M

Ft. sol. One teaspoonful three times a day; or :

R Ferri sulph. ex.....  
 Quinlæ sulph.....aa grs. xxx.  
 Ex. nucis vomic. (solid.)..... grs. x.

Ft. pills No. 30. Dose, one pill three times daily.—*South Clinic.*

### RECTO-VAGINAL FISTULA CURED WITHOUT OPERATION.

BY IRA BROWN, M.D., WELLS RIVER, VT.

September 21, 1878, I was called to see J. L., a maiden lady about forty-eight years of age. She had been an invalid most of the time for twenty-five years, and now complained of frequent micturition, the water having a bad odor and containing a gritty dark sediment.

On making a digital examination, I found a recto-vaginal fistula twelve lines in length, with rounded and thickened edges, showing that it had existed for some time.

Not having the means at hand nor any one to assist in an operation, after introducing the speculum I made a thorough application to the edges of the fistula of a strong solution of carbolic acid, four parts of the acid to one part alcohol. This done the patient was directed to remain in bed, and to use no means to move the bowels until I saw her again.

September 25th, four days after the first visit, she reported herself better, her water having lost its bad odor and containing no sediment.

She was again seen September 29th, eight days from first visit, when an examination showed the fistula nicely closed in its whole extent.

October 9th, eighteen days from the first visit, a careful examination failed to show any trace of the fistula.

In July following, I learn that she had remained well. I would here venture the opinion that carbolic acid may be used in most cases instead of the knife in preparing surfaces to be united with sutures.—*Boston Med. and Surg. Journal.*

A Boston paper wickedly says : When a physician regards a case as hopeless he advises the patient to travel, and thus gets rid of having the victim die under his care.

Medical man : And then, with regard to the swelling at the back of your head, I don't apprehend anything serious, but you must keep your eye on it!

## ABSTRACTS AND GLEANINGS.

**The Active and Passive Inhalation of the Nascent Chloride of Ammonium in Acute Affections of the Respiratory Tract.**—Ephriam Cutter, M.D., of Boston (Virginia Med. Monthly), writes as follows upon this subject:

When the vapors of ammonia and muriatic acid are brought together, immediately at the points of contact a dense cloud is formed that has the microscopic properties of smoke. Under the microscope of 400 diameters, I find that this cloud is made up of feathery crystals that resemble the lighter crystals of snow, and, from their many surfaces, appear white like snow, milk or fine sand. Four needles cross each other at their centres at angles of 45 degrees; so that this smoke is made up of an immense number of minute microscopic crystals that freely float in the air in all directions. This physical property is something wonderful. We are not amazed at the formation and floating in the air of snow crystals, as the atmosphere holds watery vapor in solution; nor are we surprised at the formation of the crystals from the ammonia and muriatic acid vapors; but that crystals of the specific gravity of 1.45 should not at once settle to the ground instead of diffusing themselves as the incomplete products of combustion, we call smoke, is in my mind worthy of remark.

Now, though the chloride of ammonium (*alias* sal ammoniac) is mentioned in all pharmacopœias and in Sanscrit, still, save among the Germans, and latterly among ourselves, no advantage has been taken of this property of aerial diffusion so as to administer it by inhalation. No mention is made of this use in Wood and Bache. But the Germans, Kirkwood and some unprofessional people in this country have given it in chronic affections of the air passages. It is easy to see that the crystals inhaled will impinge in substance on the mucous membrane of the respiratory tract, and serve as if it had been made a topical application; and this, too, in the mildest mode of direct application, having no medium or vehicle of communication save the atmospheric air.

What is meant by "nascent?" This means "born," or, as new birth is the beginning of existence, the Germans have applied the term to the newly-formed chloride of ammonium. They seem to think that there is an especial advantage in having the salt as fresh as possible, as, if it is used just as it is formed, its therapeutical power is greater. Be this as it may, the salt does not long remain in the air, but settles down or is blown off, or diffused in the air. The chemical union is expressed by a simple formula.  $\text{NH}_4\text{O}$  signifies ammonium;  $\text{HCl}$  signifies muriatic acid;  $\text{NH}_4\text{Cl}$  signifies chloride of ammonium;  $\text{HO}$  signifies water. ( $\text{NH}_4\text{O} - \text{HCl} = \text{NH}_4\text{Cl} - \text{HO}$ .)

What is meant by active and passive inhalation? *Active* is where the patient draws in the nascent chloride, as a smoker uses a pipe or a cigar. *Passive* is where the apartment is filled with the crystals, and the patient inhales as a non-smoker does in a car full of smokers; or the crystals may be blown into the face of the patient. The passive

use is indicated when patients are unable or refuse to actively inhale—as in cases of very sick people, children and infants. This feature of passive inhalation, and the use of the nascent chloride in acute affections, characterize this contribution to the therapeutics, the nomenclature and the apparatus of this subject.

The writer here gives illustrations of apparatus for inhaling the nascent chloride, and adds :

To those who are so situated as to desire to make their own instruments, I may say that useful ones have been made by me from empty pickle jars of two quarts capacity—boring holes through the cork with rat-tailed files, cutting out a V-shaped segment from the cork at its periphery ; take a hairpin, impale the sponge on the loop and under the cork, bending a glass tube over a flame, or using a small lead tube (one may be made by rolling up a sheet of lead on a cylinder like a common lead pencil). Often I have used a common gimlet screw to make the holes in the cork—burying the screw in the cork, then forcibly withdraw it, and repeat till the hole is made; then, using the threads of the screw as a rasp, enlarge the hole to a proper size. In lieu of a sponge, a piece of common cotton cloth impaled on the hairpin has answered well.

There are many nascent chloride apparatuses in the market, but they are all for active inhalation as far as I have seen. Moreover, the tubes are too small. I have thought that they should be larger than tracheotomy tubes for viability and to avoid friction ; also, the expense is too great in my opinion. While I am not prepared to say that my own apparatus is the best, I can testify that it has worked to my own satisfaction, especially when the patients were too weak to inhale through a tube, or could not swallow their medicines, or where they were sensitive children or helpless babes. (See Boston Journal of Chemistry, February, 1874).

EXAMPLES FOR USING.—*Rhizopod Colds*.—Some readers may recall allusions that I have made in this journal to cases of this kind. It is astonishing how prompt the relief is sometimes ; for example, in croupal symptoms associated with rhizopods.

In December, 1870, my son, aged  $4\frac{1}{2}$  years, contracted the rhizopod cold. The family had had it previously. I found the living forms of the asthmatos in the nasal secretions. In the day time, he would be comparatively well, and at night on going to bed, though a little restless slept well. But after the family had retired and got quietly settled down into primary sleep, we were soon roused by the typical croupal cough that has so often alarmed parents and startled physicians. From laryngoscopical examination, I am satisfied that the physical cause of the brassy clangor in the cases explored was from the thickened reddened infiltration of the soft areolar submucous tissue about the false vocal cords. In the present case, I could not get a view of the larynx proper any farther than the epiglottis, but inferred from the contagious nature of the cold—from the live rhizopods found—that the irritation caused an inflamed condition of the peripheral part of the larynx so that he could produce at will cough clangor. Anyhow, the passive inhalation of the nascent chloride was followed by the immediate arrest of the cough and continuous sleep through the rest of the

night. My wife insists that this change of treatment (for which we thank Dr. Salisbury) is a great improvement upon our former methods, inasmuch as formerly, with like symptoms, a sickness of several days' duration was sure to ensue—to say nothing of the mental wear and tear occasioned by witnessing and expecting dyspnoea of one's own children. In the morning, on examining the nasal excretions, forms of the rhizopods were found, but they were all dead.

*Remarks*—A few pinches of powdered sulphur burnt in the apartment will relieve just as quickly as the nascent chloride. Moreover, those physicians who are not familiar with the use of the microscope, may, I think, diagnosticate the influenzas depending upon the rhizopods by the results of inhaling these remedies, according to my own observations. The same is true of the asthma caused by these parasites. I have seen whooping-cough also cured by them.

*Typhoid Pneumonia* is a very dangerous disease in my experience. The first use of the nascent chloride in this disease, as far as I know, was in the case of a strong Irish-American farm-hand, 22 years old, who in a midwinter of protracted and low temperature, went off one evening and got drunk. Instead of seeking his bed, on his return, he turned in on some hay mown in the barn. The atmospheric temperature was, on an average, 15 degrees below zero. Thus he contracted a severe cold that resulted in typhoid pneumonia—that is, inflammation of the lungs with typhoid symptoms. When I saw him, he was in a third-story chamber of the farm-house, too sick to move; water in a tumbler near the bed was frozen one-half inch thick, and there was no means of making a fire. Fever somewhat high; pulse quick and weak; copious glairy, rusty sputa; physical signs of hepatization of the right lung, lower lobe. Ordinary treatment was administered. Soon his throat became so sore that he could not swallow. He even had muttering delirium at times. Respiration difficult and quick. He took but little notice of anything. His lungs were filled with secretions. Sweating copiously; weakness. Sputa darker in color. Urine high colored; some diarrhea. Here was a peculiar situation—no medication possible by the stomach. So I was forced to resort to inhalation, as it was the only possible method of interference. A nascent chloride of ammonium was extemporized. The man was roused, and fortunately made to understand what he was to do. He actively inhaled ad libitum. Never did anything seem to work so well. There was an immediate improvement in every respect. Fortunately, a thaw came on. He was successfully moved into better quarters. His recovery was prompt and complete. The nascent chloride was the chief medicine used after it was begun with.

*Remarks*.—Doubters are apt to meet such statements as these by doubting everything. While I am not prepared to say that this man might have gotten well without any treatment, still I do say that the nascent chloride of ammonium was thoroughly administered; and taking this case, with others like it, I base on this evidence the assertion that I think I have a right to say that he would have died without this relief; and it was a relief. The patient said so. He kept asking for the apparatus, and inhaled most of the time. Had he been too weak to inhale, the passive mode would have been adopted. Others have had like experiences.

*Capillary Bronchitis.*—Some ten years ago a woman, 67 years old, had been sick with cough and cold for about six months. She had good medical attendance, but with no relief. The cough was persistent; sputa copious, white and glairy; both sides of chest clear on percussion; full of sonorous and sibilant crackling inspiratory and expiratory rales; loss of flesh and strength; blood showed no physical signs of phthisis or syphilis. Immediate relief followed the use of the nascent chloride of ammonium in this case. In one week's time the cough and rales had well nigh disappeared, and health was restored. She has had no return of the affection.

This is not a complaint that ordinarily gets well so quick; indeed, it is apt to baffle the most skillful following up. I have seen the nascent chloride give so much relief in these affections that I do not feel that I make a mistake when I attribute the relief to the means employed.

*The Bronchitis of Children and Infants.*—I wish to speak a word in behalf of these delicate subjects. All know how difficult it is to treat this class of cases, and that homeopathy has its supposed success in them, as it is so easy to give these patients medicines that taste like sugar. But it seems to me that Hahnemann never ordered a medicine so easy to take as chloride of ammonium. The child cannot help inhaling, and often reaches out its arms for the inhaler, showing that the inhalation must be pleasant, while at the same time we know that a common sense and appreciable influence must be exerted by the crystals. But putting this aside, I have seen cases where the favorable effects were marked and satisfactory.

The inhalation of the nascent chloride is one of the best modes to relieve or break up a cold. Generally, those who use the apparatus are glad to have it on hand for domestic use.

In conclusion, I hope that I have not given the impression that this remedy is "a cure-all;" it is not. Still I think that its use should be delegated to laymen, as I believe that, if the profession have the same experience with it in the acute affections named, that many lives will be saved and some severe sicknesses will be mitigated and made pleasant.

*Advances in Materia Medica.*—Within the last year or two, the contributions to the list of materia medica have been large. Among these novelties, a few possess valuable therapeutic properties; while the greater portion are mere novelties or old remedies revived, which will be classed as worthless as soon as they cease to pay the unscrupulous advertiser who recommends them to the over-credulous of our profession and to the public, by the most exaggerated statements of their wonderful virtues. To burden this paper with an enumeration of them, in my judgment, would be foreign to my subject. True advance is shown only after the agents suggested have been duly investigated by trustworthy and intelligent seekers after truth, and have been found efficacious in disease. Of such, I will briefly allude to.

*Araroba*, or goa powder—a Brazilian product, which came to the attention of the medical world through its efficacy in the Portuguese colonies, in Africa and Asia—places noted for the inveterate character of many loathsome skin diseases—as a remedy particularly for psoriasis. It has been examined chemically by Prof. Attfield. He disco-

vered its active principle to be crysophanic acid. The crude powder, as well as its active constituent, are now well endorsed as valuable medicinal agents, and the range of its usefulness much extended.

It is interesting to observe that our common yellow dock—rumex—that has enjoyed a certain amount of reputation among domestic remedies as a remedy for cutaneous diseases, such as ringworm, itch, etc., is found to be rich in this same crysophanic acid. A hint is here given to our country practitioners to utilize this indigenous plant in their practice.

*Thymol*—obtained from oil of thyme—has become a popular anti-septic and disinfectant. Perhaps no greater praise has been awarded to it than that arising from the fact that it is one of the few new remedies that meets with approbation in the pages of the *National Dispensatory*, last edition. As a remedy, it has the advantages over carbolic acid in its not being irritating or corrosive to the tissues of the body, and in possessing an agreeable odor; and it is said to be not inferior to it in its disinfecting property. These advantages entitle it to a place in our materia medica. An ointment of it (30 grains to the ounce) is recommended as a substitute for the obnoxious tar ointment, in all cases where the latter may be efficacious.

*Ethylates of Sodium and Potassium*, recommended by Dr. Benj. W. Richardson, of London, appear to be valuable caustic agents. In the year 1870, Dr. Richardson, at a meeting of the Medical Society of London, read a paper on this subject; and again in the London Lancet (American edition) July, 1879, he calls the subject to the notice of the wider circle of medical practitioners.

*Sodium Alcohol*, or *Sodium Ethylate*, is prepared by simply treating absolute alcohol with metallic sodium. As thus obtained, it is in the form of a thick, white product. It is a most convenient caustic. Laid on dry parts of the body, it is comparatively inert; but so soon as the parts to which it may be applied give up a little moisture, its caustic action can be observed. Its action may be developed so gradually as to be hardly perceptible, or increased, by the intelligent use of it, to the most potent caustic effect.

The sodium salt is recommended more particularly for general use from its being a milder caustic than the potassium salt. For practical use, it is recommended for destroying morbid growths that are not favorable for excision by the knife. It may be used either externally or by injection into the morbid tissues. When the pain is felt to too great a degree, or when its caustic action is too pronounced, it may be quickly checked by a few drops of chloroform, which decompose it into an inert chloride salt and an ether.

Dr. Richardson has used these ethylates repeatedly in his practice, with much success, and recommends them chiefly in three forms of disease, viz.: Cutaneous nævus, lupus, and malignant ulcer. The remarks of Dr. Lauder Brunton, before the Medical Society of London, and published in the Lancet, January, 1879, are very interesting in the report of several cases of nævi, treated most satisfactorily with this remedy.

(The following notes on the two new *myotics*, eserine and pilocarpin.



and on the new *mydriatic*, duboisine, are kindly contributed by Dr. Joseph A. White, of Richmond.)

*Eserine* is one of the alkaloids of the calabar bean (*physostigma venenosum*), and was first introduced into ophthalmic practice by Prof. Lagueur, of Strasbourg, in 1875. It is most commonly used in the form of a neutral salt—the *sulphate of eserine*. A one per cent. solution (about four grs. to the ounce of water), if dropped into the eye, produces contraction of the pupil, spasms of the ciliary muscle, shortening of the range of vision, and a decrease of the radius of corneal curvature. It is, therefore a *myotic*, and its local effects are antagonistic to atropine and duboisine. Although it sometimes irritates the conjunctiva, I do not think it ever produces any constitutional symptoms.

As a local application, it has been used in corneal ulceration, more especially in the peripheral forms with tendency to perforation; in abscess of the cornea; in corneal suppuration following cataract extraction; in keratocomus; in commencing sympathetic irritation; in paresis of the accommodation, and in some forms of glaucoma with very favorable results.

In keratitis, it has not developed any specific action, and in glaucoma has disappointed the expectations that were at first formed of it as a curative means in this affection. In the acute form, it has, in some few cases, seemed to arrest the disease; in the sub-acute form, it is a palliative measure that may be resorted to as preparatory to iridectomy; but in neither form can it take the place of this operation. In chronic glaucoma, it may be positively dangerous, because of a tendency it has shown of bringing on acute attacks.

*Pilocarpin* is the active principle of jaborandi (*pilocarpus penatifolius*) which was discovered by Mr. Hardy, and introduced into ophthalmic practice. Its two salts—the muriate and nitrate—are both used, but more especially the former. Its local application causes contraction of the pupil, and increased secretion of the lachrymal gland, and by absorption may produce some of its constitutional effects. These are profuse perspiration, ptialism and slight nausea, and in larger doses, vomiting, pain in abdomen and genitals, with general prostration.

As, when administered internally or hypodermically in such doses as do not produce the violent physiological effects, it improves the peripheral circulation, decreases the temperature of the body, and causes vascular depletion of the eye, it is a valuable remedy in treating iridocyclitis, in choroiditis exudation, in opacities of the vitreous, in retinal detachment, in glaucoma and in commencing atrophy of the optic nerves. In fact, some claim that it is almost a specific against commencing atrophy.

Locally, it is used in rheumatic and serous iritis, and in specific and rheumatic keratitis. As a myotic, it is inferior to eserine, as the latter produces no unpleasant effects beyond occasionally some irritation of the conjunctiva. For local application, a one per cent. solution (about 4 grs. to the ounce of water) of the muriate of pilocarpin is most commonly employed. Hypodermically, I have administered it in doses varying from gr.  $\frac{1}{6}$  to gr.  $\frac{1}{2}$  daily, according to the susceptibility of the individual to its influence, always regulating its administration so as to stop short of nausea and vomiting, as the perspiration, ptialism

and reduction of temperature are sufficient manifestations of its physiological action. In some patients, I have seen it followed by profuse perspiration without pyalism, and *vice versa*.

*Duboisine*, the latest remedy in ophthalmic therapeutics, is the active principle of the *duboisia myoporoides*, an Australian plant of the family of *Scrofuloricees*. The alkaloid was first obtained from the plant by Gerhard, of London.

Its action is very similar to atropine, but more powerful. It therefore belongs to the class of mydriatics, and is antagonistic to eserine and pilocarpin.

It is used in the same class of cases as atropine, but is superior to the latter, inasmuch as it dilates the pupils, and paralyzes the accommodation more promptly; its effects are less lasting, and it does not irritate the conjunctiva. From this latter property, it is indicated in cases which show an idiosyncrasy against atropine.

It also has the power of dilating the retinal veins; and further investigation of this property may show it to be a very valuable remedy in some affections of the fundus oculi. In rare instances (as reported by Dr. Seeley, of Cincinnati), when a strong solution has been used too continuously, it has produced vertigo and drowsiness.

The strength of the solution for local use is from two to four grains to the ounce.

All these remedies are very high-priced, and have not yet come into common use; and although many experiments have been made as to their applicability, their exact value as therapeutic agents has not yet been determined.—*Dr. Robinson, in Va. Transactions.*

**Treatment of Diseases of the Tonsils.**—Dr. George M. Leferts read a paper including this subject. In the discussion, Dr. J. H. Douglass said that one reason for the chronic condition of enlarged tonsils was, in his opinion, a partial constriction of the tonsils by the anterior and posterior pillars of the fauces. The constriction resulted from a catarrhal inflammation of the tissues. A point in treatment was, to reach the posterior arch; and to effect this he found that the nozzle of syringe could be carried far enough back to wash out any concretions of mucus and apply appropriate remedies. That congestion could increase the size of the tonsil to three or four times its natural size he had proved by making post-mortem injections with lard. He had seen many tonsils, both large and small, removed, but he was not so favorably impressed with the operation as he had been. In enlarged tonsils he introduced the nozzle of a syringe into the crypts and washed them out. He had found that by this method of treatment, together with attention to the posterior arch, the tonsils soon became reduced in size. In regard to the hemorrhage after the operation, he had seen a number of cases in the practice of his brother-in-law, the late Dr. Horace Green, and had found that clots forming in the veins were the cause in many cases. After these clots were washed out the bleeding ceased.

Dr. Beverley Robinson was accustomed to apply to the crypts of the enlarged tonsil a probe coated with nitrate of silver. Many patients had a prejudice against the removal of the tonsils.

Dr. Roosa was sorry that the name "throat-deafness" had come

into use. It was unscientific, and should be replaced by the term catarrhal deafness. He did not believe that the tonsil pressed on the Eustachian tube, for in quinsy there was not, as a rule, deafness during the attack. He believed that the deafness was due to coincident catarrh of the Eustachian tube.

Dr. R. P. Lincoln had known pain in the ear to accompany inflammation of the tonsils, and he was induced to believe that it was due to a nervous cause, inasmuch as branches of the glosso-pharyngeal and the otic ganglion were supplied to the ear. He had recently removed a mass from the tonsil of a patient who suffered from pain in the ear without disease of the ear. Relief followed the removal. He was in the habit of applying to the crypts of the hypertrophied tonsil a solution consisting of one part of carbolic acid and eight parts of the compound tincture of iodine. Cases usually improved after three or four applications. A Cuban lady came under his observation, suffering, as we supposed, from malignant disease of the tonsil. A mass of the size of a walnut, was removed and there followed complete relief. The pain was very severe, and over the parietal region of the affected side the hair was blanched over a space as large as a silver dollar.

Dr. Frank H. Bosworth thought that some cases of acute tonsillitis may be aborted by giving ten grains of quinine and subsequently ten drops of Fleming's tincture of aconite every hour until the physiological effects were complained of. He was of the opinion that nightmare in children was often the result of tonsillitis.—*Dr. Barker, in N. Y. Acad. of Med., N. Y. Med. Journal.*

**A Case of Typhoid Fever Treated with Carbolic Acid Internally.**—Dr. Henry Weekes, in a letter to editor of London Lancet, says :

If you will oblige me by bringing before your readers the following case, it may induce those who have more opportunities of meeting with typhoid fever than I have to see if similar results may be obtained in a more extensive trial.

On January 24th, I visited Ellen S——, aged eighteen, living in a detached cottage in the country. She had taken to her bed two days before, having been previously ailing for a week. I found her in a very febrile condition, with highly flushed face, anxious expression, tongue furred, and bowels relaxed three or four times a day; very little headache. Pulse 108; temperature (11 a.m.) 102–5°; skin dry. With the usual instructions as to diet, etc., I prescribed acetate of liquor ammoniæ and compound tincture of camphor.

Jan. 25th.—No apparent change. She complained much of sleeplessness. Ordered compound ipecacuanha powder and mercury with chalk at bed time.

26th. Some sleep. Tongue browner; diarrhœa lessened; some spots on abdomen, but scarcely observable. Pulse 109; temperature (12 a.m.) 103°.

27th. Much flushed; tongue more glazed; pulse 108; temperature 103–5° I prescribed glycerine of carbolic acid, six minims, every four hours.

28th.—Face less flushed; tongue moister, but spots more distinctly colored; pulse 100; temperature 101°. Continued carbolic acid.

29th.—Patient cheerful after a good night; diarrhoea nearly ceased; tongue rapidly cleaning; spots less evident; pulse 89; temperature 99°.

From this day she made a rapid recovery, sat up on February 1st, and was down stairs on the 4th.

Now, the sudden subsidence of fever on the administration of carbolic acid may be merely a coincidence, and the same remark may be made regarding the supposed results of other medicines in solitary cases; but such remarkable coincidences are certainly suggestive of more extended experiments. Until disproved, it appears to me more probable than otherwise that one was the effect of the other. Our great authority, Sir W. Jenner, says: "I have never known a case of typhoid fever cut short by any remedial agent—that is, cured. The poison which produces any one of the acute specific diseases (to which order typhoid as much as small pox belongs) having entered the system, all the stages of the disease must, as far as we know, be passed through before the recipient of the poison can be well."

Yet I submit that this very disease (small pox), here linked with typhoid fever, is undoubtedly modified and cut short in its course by introducing vaccine lymph into the system, even when vaccination has been performed so late as to run its course concurrently with the small pox. Why then should we remain content with thinking that typhoid fever must continue to the end unchecked?

**The Cure of Cancer.**—Professor John Clay, of Birmingham, has published some remarkable cases of cancer of the uterus cured by the internal administration of Chian turpentine. We give the following as one of the best marked cases. The patient (æti. 32) came to the Queen's Hospital after having been discharged incurable at the Women's Hospital. She was greatly depressed. She had had repeated floodings, and suffered greatly from pain during the last five months. Constipation very troublesome, probably due to opiates. She was found to be suffering from epithelial cancer of the os and cervix uteri, but not involving the vagina. There was a cancerous mass of the posterior parts of the os and cervix of the size of a goose egg. This growth pushed the os uteri towards the pubis, almost preventing that part from being felt.

A mixture containing six grain doses of Chian turpentine dissolved in ether and suspended in mucilage was taken three times a day, and from this period a very rapid diminution of the growth took place, so that by the sixteenth day it had almost entirely disappeared. The os uteri was now in situ, admitted the finger readily, and the vessels of the tumor assumed a shrivelled appearance. A solution of perchloride of iron was then used daily with excellent effect.

In the ninth week the patient suffered from spasmodic pains in the back and abdomen, which was attributed to the medicine. Iodide of calcium was then given for a fortnight. After this Chian turpentine was resumed and an arsenical lotion was used locally.

Under this treatment the woman very rapidly improved, the pains ceased and the parts become much reduced in size and more moveable. She was sent to a sanitarium and discharged convalescent.

Professor Clay says the Chian turpentine seems to act on the periphery of the growth with great vigor, causing the speedy disappearance

of cancerous infiltration, and thereby arresting the further development of the tumor. It appears to dissolve all the cancer cells. It is a most efficient anodyne causing an entire cessation of pain in a few days. The Professor, whose name is a sufficient guarantee for the diagnosis and the results of treatment, does not affirm that Chian turpentine is a positive cure for advanced cancer of the uterus. Nevertheless all the patients treated are still living, their disease has been arrested and has all but disappeared, and it certainly relieves the pain in a manner which cannot be said of any other remedy.—*London Lancet*.

**Purgatives--For what Objects shall they be Administered in Treating Cases of Diarrhea and Dysentery.**—These are given by Dr. J. J. Woodward (Part II, History War of Rebellion, page 726) thus: (1) To evacuate noxious matters contained in the alimentary canal. All admit that undigested food and substances undergoing putrefactive changes should be removed from the intestines of persons suffering from fluxes. To meet this object any pleasant, efficient purgative would suffice. (2) To increase or modify the secretion of the intestinal mucous membrane. It seems conclusively shown by Breeger that the neutral salts certainly possess the power of producing a discharge of watery fluid from the intestinal mucous membrane, mingled with increased secretion. Thus it seems that neutral salts produce greater increase in the intestinal secretions, with less irritation, than can be obtained with any other purgatives with which we are acquainted. It may reasonably be expected that, especially in the early stages of a catarrhal inflammation of the intestinal mucous membrane, such as occurs in acute catarrhal diarrhea and dysentery and in the catarrhal stage of diphtheritic dysentery, the action of purgatives which decidedly increase the intestinal secretion will relieve the congestion of the intestinal blood-vessels, and that, after the temporary increase of vascularity produced by their action has subsided, an improvement in the condition of the mucous membrane will follow. In chronic conditions moderate catharsis occasionally is beneficial in washing out the contents of the alimentary canal. (3) To increase the biliary secretion in alcoholic conditions, Rutherford has shown that a number of cathartics will increase the biliary secretion. The local irritation produced by some of these render them unsuitable for use in intestinal fluxes. Others are so mild as to readily fulfill the proposed indication. Of these are sulphate and phosphate of soda, Rochelle salts and rhubarb; these are cathartics upon which we should rely in the treatment of fluxes complicated with deficient hepatic secretion, instead of invoking the doubtful properties of calomel.—*Detroit Lancet*.

**When to Perform Ovariectomy.**—Edward Borck, M. D., of St. Louis, Mo., in an article on ovarian tumors, published in the *Obstetric Gazette* for March, 1880, gives it as his opinion that it would be better to recommend the operation rather a little too soon than too late, and that the early operation will be the accepted rule in the future for the following reasons:

1. That abdominal section is not by far so dangerous under the antiseptic method, as prior to this, without it. Peritonitis is thereby claimed to be prevented, and we are informed by good authority that

we now can operate at least one year sooner. Observe the success Schroeder and others had since they adopted the antiseptic method. (See also Nathan Bozeman's remarks on ovariectomy, *New York Medical Record*, July and August, 1878).

2. As the peritoneal cavity has been opened and exposed in other operations, without peritonitis following, and where waiting for distention was out of the question. For Dr. Martin, of Berlin, has removed five times a floating kidney, four times successfully, by abdominal section. Marion Sims tells us that his operations before Listerism would have been wholly unjustifiable.

So the danger of traumatic peritonitis is greatly reduced by Listerism, and the argument that in anemic patients the danger of secondary hemorrhage is not so likely to occur, seems to me not very solid, though it is true where there is no blood none can flow. I myself should prefer rather a little too much blood than too little; too much we can easily reduce, and we can control a too rapid flow of blood by contracting the blood-vessels by ergot, and may thereby prevent oozing. But where there is too little, more is hard to produce.

Six times vaginal ovariectomy has been performed in this country, all early operations, and successfully. The first, I believe, by T. G. Thomas, though it is not his belief that the scope of this plan will ever be very great. But I myself believe a good deal speaks in its favor.

In conclusion, I would say that the object of this communication is to call attention to the above arguments, and especially to the inadvisability recommended, waiting or delaying the operation.—*Medical and Surgical Reporter*.

**The Dissemination of Typhoid Fever.**—Dr. Robert Volz, Grossherz. Bad., Obermedizinalrath and Bezinesarzt, at Carlsruhe, publishes the results of his investigations concerning the spread of typhoid fever as deduced from the examinations from official sources of sixty-two epidemics. The material included both the large and small epidemics as they prevailed in various parts of the grand duchy of Baden, since July, 1871. The number of sick amounted to 3,300, with 400 deaths.

The author's report shows that typhoid fever is brought into a house by a patient sick with the disease, and then disseminates itself through the household. It can be spread by intercourse with the patients or stay in the house of visitors. The report does not give exact information as to whether a visitor may himself remain free but carry the disease to others in other houses. But the report does prove that a single patient may start an epidemic in a place entirely free of the disease hitherto.

Typhoid fever is thus infectious from the sick to the well—that is, it is contagious. But infection is only possible when its specific poison adheres to a material substance by which its reproduction may be effected.

It is certain that the typhoid germ may spread itself from the washing. And drinking water may spread the disease, if the drinking water contain the germ.

As preventives of the spread of the disease, the following rules are given: The physician must give public notice of every case of typhoid

fever. So soon as the diagnosis is established, the patient must be isolated as much as possible. The house or room in which the patient lies should have posted on it a caution notice. Parties must not be removed to a house free of the disease, except to a hospital. The washing must be done by itself.

The time of the year has a distinct influence on outbreaks of typhoid fever. The greatest maximum is in the fall, and the highest mortality is in November. There is no mention of the influence of subsoil water.—*Med. Neuigk. f. prakt. Aerzte.*

**The Tongue.**—We shall not attempt to describe all the appearances, as found in various diseases, but only call attention to the following:

1. The broad, pallid, white-furred tongue, whether found in acute or chronic disease, and even in the same disease at different stages, it matters not, always indicates the want of the alkaline elements of the body. The patient that has such a tongue never wants an acid drink, because his system is already acid, whether the acid is in the stomach or blood, it matters not. In such cases, with our usual prescription, we must give alkalies, such as sulphate or bicarbonate of soda, in order to neutralize the acid. Then, and not till then, will our remedies act kindly and much more promptly, and the patient improve more rapidly. Now, if acids are prescribed when the tongue is broad and pallid, the system being full of acids already, it will be seen at once that no improvement could or should be expected. I remember, before I was aware of this rule, that I could not see why my remedies did not improve the patient; but now I give the proper alkali, removing the acid; then the remedies act more promptly, the tongue changes to a better appearance, and the patient improves correspondingly. This acid condition of the system is probably more often found in acute than in chronic diseases; at least, that is my observation. It needs but a trial to test this principle; have never known it to fail. I do not pretend to explain why the tongue looks thus when there is a superabundance of acid in the system.

2. The deep-red, sleek tongue, with a slight coat at the base, indicates just the opposite condition; here the system is in an alkaline condition, no matter in what form of disease. Then some kinds of acids must be given, to neutralize the superabundance of the alkali, before other remedial agents will, or even can, have a good effect. All persons that have this peculiar tongue desire acid drinks. This tongue is often (though not always) seen in erysipelas, typhoid fever, and many other diseases where the tincture of chloride of iron or muriatic acid will be the leading remedies. But if the system was in an acid condition, known by the broad, pallid tongue, those remedies would do more harm than good. Now I do not wish to inculcate the idea that alkalies or acids will cure any disease, but the above appearances of the tongue are indications of specific physical conditions, and those remedies are adjuvants, paving the way and assisting specific remedies.—DR. HENNING, in *Med. and Surg. Rep.*

**First Death from Bromide of Ethyl.**—Dr. J. Marion Sims reports in Medical Record, April 3d, a death from the use of bromide

of ethyl, as an anesthetic. The operation in which it was used lasted an hour and a half. This is the first death from this drug we have observed reported. It is also the longest operation made under the influence of this anesthetic. The successful cases all occurred in short operations—not over forty minutes. Lesson from Dr. Sims: He cautions about using it in long operations, or in cases suspected of having organic diseases of the kidneys. From the carefully elaborated report of the above-mentioned case, and from the discussion that has resulted therefrom, we are not convinced that the anesthetic was the prime cause of the death. Battey's operation very frequently results in the patient's death, even when performed by the best operators and under the most favorable circumstances. All of the subjects of this operation have for a long time suffered frequently repeated disturbances of the nervous system. So profound are the effects of these disturbances that recourse is had to this operation only to prevent epilepsy, insanity, or some other disorder that practically ruins all future prospects of happiness or healthful activity. In Dr. Sims' case the vicious circle had been maintained so long as to markedly impair all vital action of every organ in the body. We can understand that those organs should give way when called upon to endure the burden of an operation lasting for an hour and a half, and involving the most sensitive tissues in the body. There does not seem to be any reason to believe that a more fortunate result would have followed the use of ether or chloroform. Certainly from the same operation patients have died when the latter anesthetics were employed under circumstances as near like this one as we are likely to find. Doubtless the report alluded to will render surgeons more careful in the employment of this new anesthetic, and so render an important service to humanity.—*Det. Lancet.*

**Ozæna.**—The crusts which form in the nares in these cases should never be removed violently, as, in case hemorrhage be excited, they will always form again. They should be removed by post-nasal washings, or vapor or spray inhalations, and measures be taken to prevent their formation anew. Of these the best is the following ointment:

R Iodoform.....	grs. v-vijj.
Ether.....	fl. ʒj-fl. ʒjss.
Solve and add:	
Vaseline.....	ʒj.
Attar rose.....	mv-vijj.

Three measures are particularly condemned:

1. Plugging the nostrils.
2. Employing pure glycerine, because of its powerful attraction for water, which only serves to increase the dryness of the parts.
3. The use of alum, tannin, or any other astringent, for the same reason. Also the use of nasal snuffs.

Applications of calomel powder to the ulcerated surfaces are also condemned, and, instead, is recommended the internal administration of the iodides, local applications of solid nitrate of silver to the pharyngeal ulcerations, post-nasal douches, and applications of solutions of sulphate of copper to nasal ulcerations, and constant inunction of the nostrils with the vaseline ointment. Nitrate of silver the author never



uses in any form of throat disease, except syphilitic ulcerations, and then applied in the solid form to the exact spot. Even in these cases, the galvano-cautery, acid nitrate of mercury, or sulphate of copper is better. For disinfectants, the salicylates, thymol, and sanitas are preferred. General treatment directed to the particular diathesis of the patient is all important.—*N. Y. Med. Journal*.

#### **Treatment of Syphilitic Ulcerations by Pyrogallic Acid.**

Vidal (Soc. de Therapeutique, Bull. Gen. de Therap., 1880, p. 184) has begun a series of researches upon pyrogallic acid, or pyrogallol. Pyrogallic acid,  $C_6H_6O_3$ , obtained by the dry distillation of gallic acid heated to  $200^{\circ}$ - $215^{\circ}$  C., occurs in the form of needles or fine white scales. It melts at  $115^{\circ}$  C., and boils at  $210^{\circ}$  C. At  $250^{\circ}$  C. it decomposes into metagallic acid and water. It is soluble in two and one-half parts of water, and is also very soluble in alcohol, ether and glycerine. The aqueous solution becomes black when exposed to the air. It is neutral. M. Vidal made his first experiments with pyrogallic acid in 1878, employing it in the treatment of psoriasis. In Vienna it is used as a succedaneum to chrysophanic acid. It must be employed with caution, on account of its action upon the kidneys.

The syphilitic ulcerations in which M. Vidal employed pyrogallic acid were of a phagedenic character, and had resisted all previous efforts to stop their course. The acid was employed in the form of ointment, one part to five of lard, and was applied on three successive days; the pain caused was moderate, and only lasted eight or ten minutes. Under the action of these three cauterizations the surface of the phagedenic ulcers was decidedly modified. Three more applications were made, resulting in a rapid cure.

Since the first successful case M. Vidal employed this ointment for the purpose of dressing chancres, with very favorable results. The pure acid does not seem to have the same effects. He thinks it possesses an active affinity for neoplastic tissues. Dr. Dujardin-Beaumont, however, does not agree with him on this point.—*Med. Times*.

**Influence of Singing upon Health.**—Prof. Manassein, of St. Petersburg, has published the result of a most interesting inquiry in which he has been engaged. He has made an examination of two hundred and twenty-two singers, varying in age from nine to fifty-three years, with particular reference to their chest measurement and pulmonary condition, as compared with persons who are not singers. He finds that the size of the chest is greater among singers than other classes, and that the relative advantage increases with the age of the vocalists.

Among singers who drink, he is convinced the habit prevents the due development of the chest. The vital capacity of the lungs is also greater in vocalists than in other persons.

Singers often suffer from soreness of the top of the throat, but seldom from bronchial catarrh; and the mortality from phthisis among them is, therefore, small. Vocalists, both drinkers and non drinkers, are, however, more subject to Bright's disease than people who do not sing. Singing is an excellent prophylactic for incipient consumption; and as a means for the development and strengthening of the chest is more efficacious than gymnastic exercises.—*N. Y. Med. Journal*.

## SCIENTIFIC ITEMS.

**The Sun's Rays as a Means of Research.**—The Photographic News reports that M. Raoul Pietet is about to try, on an extensive scale experiment, having for its object the disassociation of the metalloids by means of the sun's rays. By the use of a huge metallic mirror, he hopes to bring such a concentration of sun rays to bear upon the metalloids as will enable him to definitely determine the truth or fallacy of the theories of Messrs. Lockyer and Victor Meyer. The experiment will probably be made at Geneva, and will, by reason of its magnitude, be unique for a research of this nature.—*Physician and Patient.*

**Telephonic Transmission through the Human Body.**—It is stated in Chamber's Journal that during some recent experiments in Glasgow it was proved that telephonic sound can be conveyed through a less facile conductor than the usual unbroken wire. In this case a break in the wire was taken up by a small circle of ladies and gentlemen, who joined hands and thus continued the electric current through their own bodies. The effect of interposing these human links was to diffuse and weaken the electric power; but the current was still sufficient to convey some audible reproduction of a song from the transmitting to the receiving end of a telephone.

**The Telephone in Scotland.**—We understand, says the Glasgow Herald, that an experiment upon the longest line of wire yet attempted to be telephonically connected in the British Isles has just been made with the Edison telephones on a private line between No. 7 Sauchiehall Street, Glasgow, and Grangemouth, distant a little over twenty-seven miles. Complete communication was established in about half an hour; and so successful was the operation that messages spoken from Glasgow to Grangemouth, and *vice versa*, were as distinctly audible at the other end as if uttered aloud in an adjoining room. It is added that a similar trial between Glasgow and Edinburgh only awaits the consent of the railway company.

**Cold as a Motor.**—Mr. John Gamgee has halted long enough in Louisville to allow his wonderful genius to develop a marvelous machine for the reduction of temperature in ordinary chambers, and for the ventilation of sick rooms, by the use of cold as a motor. He demonstrates by a beautiful experiment that a small piece of ice will drive a constant current of air through any ordinary room having two openings. He proposes to apply this to the ventilation of rooms of patients sick with contagious diseases, and, by the interposition of such chemical agents as are known to destroy septic matters, force all the vitiated air through such filters as will render it perfectly innocuous, thus bottling the poisonous effluvia until it can be rendered harmless. This is no vagary of the imagination; we have seen the experimental tests so often made that we are sure Mr. Gamgee's will drive air through a room in any desired direction.

**Sanitas.**—Russian turpentine and water are placed in huge earthenware jars, surrounded by hot water. Air is driven through the mixture in the jars continually for three hundred hours, the result being a decomposition of the turpentine, and the formation of a watery solution of the substance, to which Dr. Kingsett, the discoverer, has given the name of "Sanitas." After evaporation, the substance, as sold in tin cans is a light brown powder, of a pleasant taste and odor, and capable in a very remarkable degree of preventing or arresting putrefactive changes. This new disinfectant has been in use for some time in England, and is highly spoken of. It is said to have a pleasant odor, is not poisonous, and does not injure clothing, furniture, etc. For household uses it would seem to be well adapted.—*Scientific American*.

**More Scotch Diamonds.**—Just now the Scotch chemists, especially in Glasgow and vicinity, appear to have "artificial diamonds" on the brain. Mr. Mactear and Mr. Hannay are both Glasgow men; and now Mr. G. C. Stewart, of Greenock, thirty miles down the Clyde, says that he will soon be able to produce "millions of diamonds" of ordinary size every day. The machinery is not yet perfected, but he is going to exhibit his diamonds to the Royal Society "shortly." His is a "very simple chemical process."

**A Transparent Fish.**—A very remarkable fish was captured here on the 21st instant by Mr. O. Blossom. It is about ten feet in length, and its weight is estimated at about four hundred pounds. It is perfectly transparent, and the action of the heart and other functional organs can be plainly seen. Altogether, it is a very remarkable specimen of the finny tribe, and is well worth the attention of scientists and naturalists. Mr. Blossom will arrange a tank containing alcohol in order to preserve it.—*Mackinac, Mich., letter to Chicago Times*.

**Engineering Inventions.**—Mr. Allen T. Miller, of Philadelphia, Pa., has patented an improved guard for car wheels, the use of which, it is claimed, will render it impossible for any person or anything to be run over by the wheels.

Mr. Strafford C. Hallock, of Yaphank, N. Y., has invented an improved snow plow, which is so constructed as to raise the snow and discharge it at the sides of the track, however solid it may be packed. The invention consists in the combination of three shovels, placed one above the other, with their rear ends farther apart than their forward ends.

Mr. James Robson, of North Shields, County of Northumberland, England, has patented an improved gas engine. The invention consists in employing a piston and rod working in a cylinder. The instroke of the piston is used to draw in on one side of it a charge of gas or vapor and air. On the return stroke this charge is forced through passages into a combustion reservoir, and there retained until the piston returns to the back end of the cylinder. The reservoir is then made to communicate with the back or opposite side of the piston. The gases in the reservoir are then exploded by a flame; their expansion drives the piston forward, which, by its rod and connecting rod to the crank, turns the shaft and fly wheel. On the return of the piston the products of combustion are allowed to escape.—*Scient. Ameri.*

## PRACTICAL NOTES AND FORMULÆ.

**Cinchonia Alkaloid.**—This tasteless alkaloid of the bark, prepared by Messrs. Powers & Weightman, we have found to be a valuable agent. The absence of taste makes it very convenient for children and those of delicate stomachs, to whom the sulphate of quinine is so objectionable on account of its extreme bitterness.

As an antiperiodic it is reliable and efficient, and for the poor is the more acceptable on account of its cheapness, being only about one-sixth that of quinia; and in consequence of this fact, very favorably received by a great many practitioners, who are forced to donate to the indigent no small quantity of medicine.

In bilious remittent fever or intermittent fever we like the following method of using it, especially if the case be one in the country which we cannot see often, and in which there is doubt as to the exact chill time:

R. (For an adult.)  
Cinchonia alkaloid.....grs. xxiv.

Ft. powders No. viij.

Take one every three hours continuously until all are taken, using a little lemonade as a drink. If the patient be a female, lessen the dose. Or if a child, give one to two grains in syrup in the same manner.

For menorrhagia, we have found it useful in connection with elixir vitriol as a drink; best adapted to cases of relaxed or debilitated habit, and in cases having malarial complication.

It seems to act by toning up the capillaries and equalizing the circulation.

In dysmenorrhea and neuralgic affections connected with uterine disorders, it is useful for the same reason. In these cases it is best combined with anodynes, as follows:

R. Cinchonia alkaloid.....grs. xxiv.  
Pulvis doveri.....grs. xv.

M. Ft. powders No. vi.

Take one three times a day.

**Worms in the Nasal Cavities Expelled by Means of Chloroform.**—A woman twenty-nine years of age, was attacked by variola in the ninth month of pregnancy; normal accouchement occurred on the second day of the eruption, the disease following its regular course. During the period of desquamation, a fly entered the nasal cavity and deposited there its eggs, which were soon transformed into larvæ. Fever, violent cephalalgia, and multiplication of the larvæ followed. Insufflations of calomel and injections of salt water were useless. Dr. Garuco then had recourse to inhalations of chloroform, and at the first trial, seventy larvæ were expelled. This treatment was repeated every day, and completely relieved the patient.

Experiments with some of the larvæ showed that, at first, chloroform caused very active movements, after which all movements ceased and complete inertia ensued.—*La France Medicale.*

**Veratrum in Dysentery.**—In acute dysentery of threatening character, I have called in the aid of this agent with a prompt and unerring reduction of the inflammation. In one case, where the febrile movement was of a sthenic character, the patient, by mistake or restlessness, took a poisonous dose of it about twelve hours after I commenced its administration, and after that had not another dysenteric movement, and I feared for a little while would never have another. Opium, brandy and a dry heat restored her. I have had several patients take hypermedicinal doses, and get a sudden jugulation (as the French say) of their pneumonia or other inflammation.

In good, honest, acute articular rheumatism—the more severe the better—I regard veratrum as serviceable as in pneumonia. This, with opium and sal Rochelle, will do the work quicker than salicylic acid. Veratrum as a sedative, sal Rochelle as an alkaline element, and opium to subdue pain and restrain over-action of the salt, and there we have the thing in a nutshell.—*DR. GREEN in Med. and Surg. Rep.*

#### Vermifuge.—

R Santonine..... grs. vi.  
Podophyllin..... grs. j.  
Sach. lacta..... grs. xxx.

M. and triturate thoroughly. Sig. Give each day grs. ij., morning, noon and night, in sweetened water.

The above "worm powders" secured the dislodgment and expulsion, per rectum, of sixteen ascaris lumbricoides averaging ten inches in length, and to the great astonishment of the friends of the little sufferer as well as myself, he passed a section of tænia solium twelve feet in length.—*Eclectic Medical Journal.*

**Tartrate of Morphia.**—This new preparation is recommended as being very soluble, and passing quickly out of the system, leaving less unpleasant after effects than either the muriate or acetate. Its great solubility makes it particularly advantageous for subcutaneous injection. It gives little smarting or irritation when thus administered, and the solution never clogs the finest needles.—*Louisville Medical News.*

**For Dysentery.**—Carlsbad salts will be found a good remedy in the early stages, or epsom salts, as follows:

R Sulphate of magnesia..... ʒi.  
Morphine..... gr. ʒ.  
Water..... ʒ iv.  
Spirits of camphor..... gtt. x. M.

Take one teaspoonful every one to two hours.

**An Emetic for Infants.**—Dr. S. W. Smith writes:

I beg leave to record that half a teaspoonful of glycerine acts as a simple and efficient emetic for infants. Perhaps some of your readers can confirm this by future experience.—*British Med. Journal.*

**Inflammation of the Middle Ear.**—Bezolds recommends as antiseptic measures in inflammation of the middle ear :

1. Disinfection of the meatus and of the cavity of the drum by means of a four-per-cent. solution of boracic acid.
2. Insufflation of finely-powdered boracic acid.
3. Closure of the meatus with salicylated or borated lint or cotton.

The above treatment was carried out in twenty-nine acute and one hundred and two chronic cases, with unvarying success. The time occupied in producing a cure was considerably less than by other methods. In the destructive necroses of bone which had developed in advanced cases of phthisis pulmonalis, and the suppurative inflammations of the roof of the drum cavity, which ended in rupture of the membrana shrapnelli, or passed to the formation of polypi at their site, this treatment was not so successful.—*Med. Herald.*

**For Fresh Cold in the Head.**—Dr. T. F. Houston writes: For fresh cold in the head, accompanied with obstruction in the nasal passages :

R	Carbolic acid.....	3 i.	
	Absolute alcohol.....	3 ii.	
	Caustic solution of ammonia.....	3 i.	
	Aqua distillat.....	3 iii.	M.

Make a cone of writing paper, put a small piece of cotton in it, drop on the cotton ten drops of the mixture, and inhale until all is evaporated. Repeat this every two hours until relieved.

**Oleate of Lead in Eczema.**—Mr. J. Sawyer, of London, gives in the Practitioner the following formula :

Lead oleate.....	24 parts.
Heavy and inodorous paraffin oil.....	14 parts.

The lead oleate is prepared by heating a mixture of oleic acid and oxide of lead. He can confidently recommend this ointment as a very efficient local application in eczema. He has used it successfully in a large number of cases.—*Med. and Surg. Reporter.*

**Simple Mode of Reducing a Paraphimosis.**—Where ordinary means fail, Bordinet proceeds as follows: He takes a hair-pin, presses the points together somewhat, and inserts the curved end under the strangulation back of the glans. He then applies a second and a third at intervals around the glans; then, drawing the prepuce forward, reduces it with great facility, the skin sliding over the three bridges without obstruction.—*Chicago Med. Jour. and Examiner.*

**Richardson's Styptic Colloid.**—

R	Acid tannici.....	3 ii.	
	Alcoholis absoluti.....	f. 3 ss.	
	Etheris.....	3 iiss.	
	Collodion, qs. ad.....	3 xii.	M.

—*Monthly Review of Medicine and Pharmacy.*



## EDITORIAL AND MISCELLANEOUS.

☞ All Subscribers in arrears will please remit their subscription.

☞ See card of C. R. Upson, M.D., Atlanta, Ga.

☞ *Spectacles and Eye Glasses.*—Read the advertisement of S. Solomonson, Jeweller and optician. Mr. Solomonson is a reliable gentleman, safe and moderate in his charges, and a good business man.

*Lactopeptine.*—We are in receipt of a beautiful sample of this valuable preparation from the Pharmacal Association of New York, for which our thanks are returned.

See their new advertisement in this journal.

*The Southern Medical College.*—This new and rising Institution will commence its second session, October 13th, 1880. The course of instruction in this school will be very full and thorough. The outlook is very encouraging for the future, and the founders are determined that it shall be second to no institution in the country.

*Annual Meeting of the American Association of Medical Colleges.*—This Association held its annual meeting in this city, in the afternoon of May 31st. Its principal work was the unanimous passage of a resolution recommending the adoption of three full courses in separate years, as essential to obtaining a medical degree. It was also resolved that copies of the resolution be sent to the Association of Medical Editors, with a request for their co-operation in bringing about the three term course.—*The Medical Record.*

### THE MEDICAL EDITORS' ASSOCIATION.

The fifth annual session of the American Medical Editors' Association was held on Monday evening, May 31, 1880, in the parlor of the Fifth Avenue Hotel. In the absence of the president, Dr. Thos. S. Powell, of Atlanta, Georgia, editor of the Southern Medical Record, the vice-president, Dr. Frank Woodbury, of the Boston Journal, presided at the meeting. Dr. Dudley S. Reynolds, of Louisville, was appointed secretary, in the absence of Dr. Davis, of Chicago. About thirty editors were present.

Dr. Woodbury, in a short address, called the meeting to order.

The metric system was discussed informally, and a communication from Dr. Baldwin, of Columbus, opposing it, was received and read. On motion the subject was laid over until the next meeting.

Dr. A. N. Bell read a very eloquent Annual Address, sent by the President, Dr. Powell, that gentleman being unavoidably detained at home by sickness in his family.

A resolution of thanks for the address and of condolence for the illness which kept the President away, was unanimously adopted, and the resolution ordered to be transmitted to Dr. Powell.

Drs. Bell, Brodie, and Nelson were appointed Nominating Committee, who reported the following officers for 1880:

For President, Dr. George F. Schrady, of the New York Medical Record.

Vice-President, Dr. F. Nelson, of St. Louis Archives of Medicine.  
Secretary, Dudley S. Reynold, of Louisville Medical Record.

Dr. Wm. Hammond, of New York, editor of *Neurological Contributions*, was, on motion, directed to cast the ballot of the Association, and these officers were declared unanimously elected. Place of meeting to be determined by the action of the American Medical Association, the time to be the evening before the convening of that body.—*Boston Med. and Surg. Journal*.

### ANNUAL MEETING OF THE AMERICAN MEDICAL ASSOCIATION.

We extract from our exchanges (*Boston Med. and Surg. Journal* and *New York Med. Record*) the following brief of the proceedings of the American Medical Association.

As had been anticipated, the thirty-first annual meeting of the American Medical Association was very largely attended, and was one of the most successful and satisfactory sessions of this body which has yet been held. The city of New York, owing to the convenience of access and its numerous attractions, offered unusual inducements for the meetings, which were held in the lecture rooms of the College of Physicians and Surgeons, and in the Young Men's Christian Association rooms, on the southwest corner of Twenty-Third Street and Fourth Avenue, opposite to the college. The course of the proceedings was marked by harmony and dignity; much credit is due to the Committee of arrangements for the admirable manner in which the business and entertainments were provided for. The number of papers that were presented was so great, no less than one hundred and eighty-four having been placed in the hands of the committee, that it was utterly impossible to have them all read at the meeting.

It seems invidious to name only a few of the distinguished men who were present, but in addition to the officers of the meeting—President Prof. Lewis A. Sayre, of New York; Vice-Presidents R. Beverly Cole, of San Francisco, H. O. Marey, of Massachusetts, F. Peyre Porcher, of South Carolina; Secretary William B. Atkinson, of Philadelphia; Assistant Secretary Walter R. Gillette, of New York—we observed upon the platform Professors H. I. Bowditch, of Boston, H. D. Gross, H. Pancoast, and Robert Bartholow, of Philadelphia, James White, of Buffalo, T. G. Richardson, of New Orleans, John L. Atlee, of Lancaster, Pa., J. Marion Sims, of New York, Dr. Moore, of Rochester, Dr. Lewis, of Philadelphia, Prof. Dunster, of Ann Arbor, Dr. Chadwick, of Boston; and among the distinguished strangers were Jonathan Hutchinson, of London, Dr. Hingston, of Montreal, and Dr. Irenholme, of Canada.

The sections were officered as follows:

1. Section of Practice of Med., *Materia Med.*, and Physiology, chairman, J. S. Lynch, M.D., Baltimore; secretary, W. B. Glasgow, M.D., St. Louis.

2. Section of Surgery and Anatomy, chairman, W. T. Briggs, M.D., Nashville, Tenn.; secretary, C. Powell Adams, M.D., Hastings, Minn.

3. Section of Obstetrics and Diseases of Women and Children, Prof. Morse, St. Louis, chairman, (in place of Dr. A. H. Smith, the regular appointee, who was detained by sickness; secretary, Robert Battey, M.D., of Rome, Ga.

4. Section of Medical Jurisprudence, Chemistry, Psychology, State Medicine, and Hygiene, chairman, James F. Hibberd, M.D., Richmond, Ind.; secretary, Thomas F. Wood, M.D., Wilmington, N. C.

5. Section of Ophthalmology, Otology, and Laryngology, chairman, Laurence Turnbull, M.D., of Philadelphia (Dr. Bolling A. Pope, of New Orleans, being absent); secretary, Eugene Smith, M.D., Detroit Michigan.

The Committee of Arrangements made several innovations at this meeting. The first was to encroach upon section three, and set aside a room for the meeting-place of those favoring the organization of a



separate section for diseases of children, with the intention of creating a separate section next year. This was done, but of course no further business was transacted before this sub-section. The next innovation was the publication of the programme in daily installments, after the method of the British Medical Association. The amount of business to be transacted made this arrangement necessary, and also justified the third innovation, which was the convention of the sections at two p.m. instead of three o'clock, as generally is the case.

The entertainments provided were very enjoyable; the size and style of the invitation cards and their number have seldom, if ever, been equalled, certainly not excelled.

On Tuesday evening, June 1st, a reception by the members of the medical profession and other citizens of New York was given at the Academy of Music, where Grafulla's orchestra discoursed most eloquent music; the Committee on Entertainment and Invitations being Drs. Chas. Inslee Pardee, Montrose A. Pallen, Robert F. Weir, Jos. C. Hutchinson, Wm. M. Polk, and E. H. Parker.

On Wednesday a complimentary entertainment was given to the members of the American Medical Association and their ladies by Messrs. Reed and Carnrick, Messrs. Scott and Bowne, and the New York Pharmacal Association. On this occasion was presented Othello, with Edwin Booth as Iago. Beautiful silk programmes were distributed.

On the evening of June 3d, Mayor Cooper, Mr. August Belmont, and Drs. Fordyce Barker and T. Gaillard Thomas each gave receptions to the delegates. The last named reception was held at the Academy of Music, and owing to the popularity of the hosts of the occasion it was very largely attended; as, indeed, were those of Messrs. Cooper and Belmont, which were everything that lavish hospitality could make them, to render them enjoyable by the guests.

On Friday afternoon, June 4th, Messrs. Wm. R. Wood & Co. invited the members of the Association upon a steamboat excursion around New York harbor, stopping at Brighton beach.

The General Session was called to order on June 1st., 11 o'clock by Pres. Lewis A. Sayre, of New York. Dr. Gaillard Thomas made the address of welcome, which was followed by an able address of President Sayre on the subject of "Improvement of Medical and Surgical Science in America." The officers chosen for the next year are as follows:

For President—John T. Hodgen, M.D., of St. Louis, Mo.

For Vice Presidents—1st, W. H. Anderson, M.D., of Mobile, Ala. 2d, Levi G. Hill, of New Hampshire. 3d, Henry T. Holton, of Vermont. 4th, H. Carpenter, of Oregon.

For Permanent Secretary—W. B. Atkinson, M.D., of Philadelphia, Pa.

For Treasurer—R. Dunglison, M.D., of Philadelphia, Pa.

For Librarian—Wm. Lee, M.D., Washington, D.C.

For Chairman of the Section on Practice of Medicine, Materia Medica, and Physiology—Dr. Charles Denison, of Colorado.

For Secretary—Dr. T. Ashby, of Maryland.

For Chairman of the Section on Surgery and Anatomy—Dr. H. McGuire, of Richmond, Va.

For Secretary—Dr. D. A. Eve, of Tennessee.

For Chairman of the Section on Obstetrics and Diseases of Women—Dr. James R. Chadwick, of Boston, Mass.

For Secretary—Dr. J. Taber Johnson, of Washington, D.C.

For Chairman of the Section on Medical Jurisprudence and State Medicine—Dr. J. Reeves, of Wisconsin.

For Secretary—Dr. R. G. Young, of Arkansas.

For Chairman of the Section on Ophthalmology, Otology and Laryngology—Dr. D. S. Reynolds, of Kentucky.

For Secretary—Dr. S. M. Burnett, of Washington, D. C.

For Members of the Judicial Council, to fill vacancies—Drs. J. K. Bartlett, of Wisconsin; F. Staples, of Minnesota; D. R. Wallace, of

Texas; J. S. Billings, of U. S. Army; J. H. Warren, of Massachusetts; and A. T. Woodward, of Vermont.

The Committee recommended that the next meeting of the Association be held in the City of Richmond, Va., on the first Tuesday in May, 1881.

As Chairman of Committee of Arrangements—Dr. F. D. Cunningham, of Richmond, Va.

For Assistant Secretary—Dr. J. G. Cabell, of Virginia.

For Committee of Arrangements—Drs. Cunningham, McGuire and Cullen, of Richmond, Va., with power to select others to make a Committee of seven.

For Committee of Publication—The same as last year. Drs. W. B. Atkinson, T. M. Drysdale, William Lee, R. J. Dunlison, Albert Fricke, S. D. Gross and Casper Wistar, all of Philadelphia.

For Chairman of the Section on Practice of Medicine—Dr. Wm. Pepper, of Pa.

For Chairman of the Section on Diseases of Children—Dr. A. Jacobi, of New York.

For Secretary—Dr. W. H. Bradford, of Boston.

Dr. Hibberd, Chairman of the Section on Medical Jurisprudence and State Medicine, offered the following resolutions as sent up from the Section:

First—Endorsing the National Board of Health.

Second—That the Association recommend medical schools to establish a Chair of State Medicine as a part of the regular curriculum.

Third—That the name of the Section hereafter shall be, "Section on State Medicine."

Fourth—That the Committee on Prize Essays shall be Drs. S. E. Chaille, of La., J. L. Cabell, of Va. and A. N. Bell, of N. Y.

The President introduced Dr. John T. Hodgen, of St. Louis, the President-elect, who responded appropriately to the call of the Association.

The Association was then declared adjourned to meet in the City of Richmond, Va., on the first Tuesday in May, 1881.

### BOOK NOTICES.

**STUDENT'S POCKET MEDICAL LEXICON:** Giving the correct pronunciation and definition of all words, and terms in general use in Medicine and the Collateral Sciences: with an appendix containing a list of poisons and their antidotes, abbreviations used in prescriptions, and a metric scale of doses. By Elias Longley, author of pronouncing Vocabulary of Geographical and Personal Names, Eclectic Manual of Phonography, etc. Philadelphia—Lindsay & Blakiston, 1879.

This is an exceedingly valuable and useful work for the student of Medicine.

**THE MICROSCOPE AND MICROSCOPICAL TECHNOLOGY:** A Text Book for Physicians and Students, by Heinrich Frey, Professor of Medicine in the University of Zunct. Translated and Edited by George R. Cutter, M.D., Surgeon in New York Eye and Ear Infirmary, Ophthalmic and Aural Surgeon to the St. Catherine and Williamsborough Hospitals, etc. Illustrated by three hundred and eighty engravings on wood: Second edition. New York, William Wood & Co., 1880.

This is a large volume of 606 octavo pages, neatly gotten up in bold plain type. The style is excellent, though the translation from the German is very literal. The work is able and comprehensive, treating of theory and mechanism of the Microscope-Apparatus for measuring and drawing; testing and using the Microscope; preparation of Microscopic objects; method of staining, etc. The blood, lymph, chyle, mucus and pus, etc., etc., described and illustrated with the various tissues and or-

gans of the body. We have not space to detail or do justice to this valuable work. It should be in the Library of every Student and progressive Medical man.

**A PRACTICAL TREATISE ON NERVOUS EXHAUSTION** (Nurasthemia): its symptoms, nature, sequences, treatment, by George M. Beard, A.M., M.D. Fellow of the New York Academy of Medicine; Vice President of the American Academy of Medicine; Member of the American Neurological Association; of the American Association, the New York Neurological Society. New York, William Wood & Co., 1880.

This is a work of 103 octavo pages, containing much interesting matter upon a class of affections little understood by a majority of practitioners. Nervous affections of the character herein described are becoming more and more frequent in this country, and therefore the more important to be known by the practitioner. The work is very instructive, and will well repay perusal.

### RECEIPTED.

[Receipts not acknowledged privately are entered here.]

1880—Drs. E. L. McGehee, J. C. Webb, McCrady, H. E. Hurst, L. N. Hyten, J. B. Barwick, C. C. Jones, A. L. Barry, L. J. Sherrell, J. W. Hoff, J. A. Ashford, A. G. Smythe, F. T. Thorpe, E. H. Wright, T. E. Morris, F. C. Davis, W. J. Rogers, C. D. Tatman, J. J. Purcell, A. Harris, J. M. Bearden, J. L. Hamilton, E. R. Young, P. J. Parker, J. F. Brooks, W. K. Chambers, Z. T. Young, F. M. Fitzhugh, R. L. Hunter, J. E. Martin, H. E. Archer, S. Y. T. Carter, W. H. Boykin, H. Pinson, T. B. Meacham, E. A. Speed, P. A. Wilhite, J. L. Phelps, '79, J. M. Boring, '79.

## SPECIAL NOTICES.

**WM. R. WARNER & Co.**—We desire to call the attention of our readers to the advertisement of this house. It is one of the most reliable houses in the United States, and all the preparations which they advertise can be depended upon to be as represented. We have used their medicines ourselves, and have never been disappointed.

It is becoming more and more necessary to make remedies as little repulsive to patients as possible, and therefore those elegant preparations, as are many of the elixirs, syrups, and sugar-coated pills, are becoming popular among physicians; but a frequent drawback is the unreliability of the preparations of many manufacturers. This objection, however, we know, does not hold in regard to those of Warner & Co.—*Cincinnati Medical News*.

We would call attention to the advertisement, on page 9, of **Messrs. HENRY THAYER & Co.**

This is an old and honorable house, having been established in their branch of Pharmaceutical Chemistry over thirty years.

All of their preparations are faithfully made of full strength, elegant in appearance, and have deservedly won a wide reputation. Physicians and druggists may depend upon the correctness and accuracy of any preparation bearing their label.

Their list of new Fluid Extracts is extensive, and the genuineness of indigenous raw material is certified at the Botanical Gardens of Harvard University.

**THE NAME PARKE, DAVIS & CO.** on the label of a package has become a guarantee to the physicians of this country, of honesty in the manufacture of the preparation. The firm is reaping the fruits which such a reputation naturally brings, and stands to-day second to no firm of pharmacists in this country in the extent of its business.

The Profession has, moreover, been placed under obligations to it for the great majority of the valuable New Remedies which have during the past few years been added to the materia medica. Inasmuch as it makes a specialty of New Remedies, physicians will do well in testing these to secure PARKE, DAVIS & Co's preparations of them before passing judgment on their merits.

The later additions which Parke, Davis & Co. have introduced are **Jamaica Dog Wood**, a substitute for opium; **Manaca**, the Brazilian antirheumatic remedy; and **Ergotie Purificatus**, a constant preparation of ergot and one peculiarly adapted for hypodermic administration.

### EXTRACT OF A LETTER FROM DR. HUNTER MCGUIRE.

*Richmond, Va., April 1880.* \* \* \* \* \* In a host of diseases where a powerful tonic and alterative is wanted, the **BEDFORD ALUM AND IRON MASS AND WATER** is of inestimable value. **HUNTER MCGUIRE.**

T H E

# Southern Medical Record.

EDITORS:

T. S. POWELL, M.D.    W. T. GOLDSMITH, M.D.    R. C. WORD, M.D.

*R. C. WORD, M.D., Managing Editor.*

All Communications and Letters on Business connected with the RECORD must be addressed to the Managing Editor.

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## ORIGINAL AND SELECTED ARTICLES.

### RHUS AROMATICA IN ENURESIS.

BY J. L. LALLERSTEDT, M.D., OF GEORGIA.

We who live in the country are frequently called upon to treat cases of enuresis in children, and, heretofore, the treatment has been very unsatisfactory both to the medical man and patient. But I am of the impression that we have now a remedy for this troublesome affection, and that is *rhus aromatica* (sweet sumac). I have only had three cases thus far to try it on.

During the month of December, 1878, a negro boy about 13 years of age came to see me and said as long as he would sit up he was not troubled about passing his urine, but as soon as he lay down he would "wet all over everything." I gave him *rhus aromatica*, twenty drops every three hours in a little water, last dose on going to bed. After taking it for one day he was able to lay down and sleep without the usual flow. After it gave out he was so much better, he thought he was well, but in a few days the same state of things returned. He came back and I gave him same quantity of the *rhus* with orders when it was out to come and get more, which he did. The third half ounce made a complete cure.

About that time I was consulted by a gentleman with regard to his son who had to get up from eight to ten times per night, and he was

all bloated up and unable to do anything; could scarcely get about home for want of breath.

I gave him :

Rhus aromatica.....	.3 v.
Simple syrup.....	$\frac{3}{4}$ ij.
Water to make.....	$\frac{3}{4}$ v.

Dose, one teaspoonful every three hours, and last dose on going to bed.

He only had to take some three or four bottles of above when he was able to do about as much as any one of his age on the farm. He is now in good health.

The third case was that of a lady who complained of passing from one to two gallons of urine during twenty-four hours, and most of it at night; yet she appeared in good health and was always able to attend to her household affairs. I put her upon half drachm doses of rhus aromatica three times a day, which gave her permanent relief after two days use of the remedy.

On case second I changed from simple syrup to glycerine.

I give you these notes for what they may be worth to the profession. I hope others will test the virtues of this medicine and report results.

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### MARTIN'S BANDAGE.

---

BY W. W. DAWSON, M.D., CINCINNATI.

---

Martin's elastic bandage is another important and valuable contribution to surgical resources, one destined to revolutionize the treatment of inflammation and congestion of the extremities.

As a dressing it is exceedingly agreeable to the patient, giving such uniform support to the part that a sense of relief and comfort attends its application. Care is demanded in its use, but it does not require that skill which is absolutely necessary for the efficient adjustment of the common bandage. After one or two lessons patients are qualified to apply it and to regulate the amount of pressure. Undue pressure is but seldom made, so exactly does the elastic structure adapt itself to the part covered.

From disease or injury a limb is engorged with blood, and we say the inflammatory process has begun; this is the initiative; this is inflammation or congestion in its simplest form. As the case progresses other changes occur, the blood vessels become enlarged and elongated, their walls thinned, the contents begin to escape, leucocytes show a tendency to migrate, to escape into the connective tissue; then come swelling, tension, effusion, plastic and purulent—the accidents which follow engorgement. By the elastic bandage the redundant blood is driven out of a limb, and by it a re-accumulation is prevented. Heretofore we attempted this by the ordinary roller, but irregular support at one place, and strangulation at another, was the too common result.

In addition to this control of the blood, the elastic bandage gives such support to the capillaries and absorbents that effusion is soon taken up, swelling disappears, and ulcers close. The action is as striking in the chronic as in the acute—in an old ulcer as in a recent erysipelas, in a sprained ankle as in an inflamed finger, in an œdema as in a phlegmonous infiltration; in short, the products of inflammation more rapidly disappear under its action than by any measure or measures heretofore in use.

Again, it is of value where mechanical support is required, as in an exhausted bursa the surfaces may be kept in contact until adhesion occurs, or in a chronic dropsy of a joint where pressure is needed to prevent the weeping of the serous membrane.

*Acute Erysipelas of the Leg.*—I applied the bandage to a case of this kind, marked by all its peculiar symptoms, redness of the skin, great tension, effusion into cellular tissue, a well developed phlegmonous state with a tendency to diffuse suppuration. Under the application of the bandage the limb, in twenty-four hours, had assumed almost its normal hue, temperature reduced, and the swelling to a very great extent disappeared. This was the first case of acute disease in which I tried it, and the result was most gratifying; a case, the natural history of which requires from two to six weeks, was cured in less than three days.

*Aborted Whillow.*—Gross justly remarks that abortive measures have seldom succeeded in this ugly affection, for the tendency is rapidly to suppuration. With the elastic bandage both the deep and superficial varieties may be aborted. If used early suppuration will be prevented, but if time has been lost, the suppurative action may be arrested, and the case rendered comparatively insignificant—that is comparatively painless.

For the fingers and on the limbs of children, a very light bandage must be used. Finding that of Martin too heavy, I procured what is known in dental parlance as "rubber dam," and cut it into strips suited to each case. The lightest variety is sufficiently strong for use upon the fingers. Care must be exercised so as not to *prevent* but to *control* the circulation in the part.

*Sprained Ankle.*—It has long been said that a sprained ankle is more to be dreaded than a broken leg. What occurs in a case of this kind, and how does the elastic act? In a sprain the ligaments are ruptured to a degree, small blood-vessels are broken, hemorrhage occurs in the peri-articular tissues. This escaped blood is a foreign body, and so acts; it generates, however, in the structures around and within the joint an inflammation of a subacute form, and although possessing but little conservative or reparative power, it seldom tends to a destructive, to a suppurative action. The swelling is not great, but it is firm, what might be called stubborn. When the bandage is applied the change is as marked as it is gratifying; it is as efficient in the ancient as in the recent case.

In reply to the question how it acts in these cases, it may be said that it arrests at once the intertissual hemorrhage, and it supports the absorbents in taking up and carrying off the effused substances. A few hours are sufficient to reduce the acute case, a few days are necessary to bring about the same result in a case of long standing.

*Compound Fracture of Thumb.*—A man presented himself at my office one morning with the end of the thumb almost severed; the cut was oblique, and divided skin, muscles and bone; a small portion of skin was left on the ulnar side. I replaced the parts, and applied the "rubber dam" bandage; no suppuration occurred, and in a few days the union was complete.

*Hydrops Articulii.*—All surgeons know how difficult it is to cure these cases without resorting to intra-articular injections, a practice always hazardous. The fluid drawn off soon re-accumulates; this is repeated until the surgeon is worn out, and resorts finally to an irritating injection. The bandage here acts promptly by its mechanical compression of the hyper-secreting serous membrane.

In a case of this kind, pure hydrops articuli, not chronic arthritis, it had had no "John the Baptist" in the shape of acute inflammation of the joint forerunning it, being chronic *de novo*, I evacuated the fluid, applied the bandage, compressed the serous sac so that it could no longer weep; change occurred necessarily, no further effusion. The case was positively relieved.

*Diffuse Suppuration.*—This form of inflammation, following injury or disease, is promptly relieved by the judicious application of the bandage, the tissues are supported, the blood-vessels are compressed, proliferation and migration cease, and the effused material is absorbed.

In this condition the elastic must be frequently changed, so that the pus may be removed and the enclosed parts cleansed.

*Indolent Ulcers.*—These may be treated successfully, promptly cured, and the patient allowed to attend to his ordinary business. All practitioners know what difficulties have been encountered in the treatment of ulcers of the leg. In all plans rest is an essential element. The grafting process and the canal of Nussbaum have been most efficient, but to succeed with them the patient has to be confined to the recumbent posture. What a comfort it is to the patient, as well as a convenience, to close an ulcer of long standing without depriving him of one day's loss of time.

*Acute Arthritis.*—Whether the inflammation be the result of a trauma or from rheumatism, the bandage rapidly restores the joint to its normal condition. I have had the most gratifying results in dislocations of the elbow associated with great injury to the soft parts. With our best efforts, heretofore, ankylosis has too often resulted. The elastic controls the blood supply, and hence the degree of inflammation. It is kept at the reparative point, this side of that of suppuration or of too much plasticity. Passive motion for the protection of the function of the joint can be much sooner instituted.

*Weight, Length and Strength of the Bandage.*—Some care is necessary in selecting the bandage, as to its length, width and weight, and mode of application.

1. The limb should not be doubly covered, except where the bandage laps.
2. The ordinary bandage of Martin is not too strong for the inferior extremities, but one of lighter make is better adapted to the arm and forearm.
3. The "rubber dam" is sufficiently heavy for the fingers: a

thicker one acts too powerfully on the circulation, and makes too great pressure on the granulations.

4. Children require a lighter bandage than adults. The variety suited to the arm of the adult will be heavy enough for the leg of the child.

5. The width of the bandage must be regulated according to the part to be covered; it may range from one to three and a half inches.

*Mode of Application.*—But little force must be used in applying the bandage. As I said above, you desire to control, to regulate the circulation, not to prevent or obstruct it. In adjusting the heaviest elastic upon the leg, the weight is almost sufficient. Irregular pressure must be studiously avoided, the turns must press at all points equally. The sensations of the patient will often be a reliable guide in adjustment.

*Inflammation of Ankle with a Strumous Tendency.*—This little boy has an affection of the ankle, the result of an injury; the joint was struck several weeks ago, it was puffy and painful when I first saw it, and there was slight effusion in the sac.

The bandage, which you now see me apply, weighs one ounce and a half; it is two inches wide and three and a half yards long. I have been using it for less than one week, and you see the joint is almost if not quite normal. This change has been the result of the bandage alone; without it the low form of inflammation which had been established would have gone on for months, and perhaps for years, and have finally resulted in the destruction of the functions of the joint. Although the result of a trauma, the case impressed me as tending to a strumous degeneration.

This boy has not been restrained in his movements since he has been wearing the bandage. When presented at my office, one week ago, he was lame, and the joint tender; you now see that his gait is without a limp, and I handle the limb without giving him pain. Over the bandage he wears his stocking and shoe.

I have now, gentlemen, given you somewhat of my experience in the use of this recently introduced appliance. I think it would be difficult to overrate its usefulness. As I said in the beginning of the lecture, it is destined to modify the treatment of chronic and acute disorders of the extremities and it may have a wider range of utility.—*Good Samar. Hosp. Rep., Lancet and Clinic.*

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## INTRA-UTERINE MEDICATION.

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Despite what may be or has been said against the safety of uterine medication, with continued experience and improved methods, we shall certainly continue this plan of meeting certain obstinate conditions of the uterine cavity. At the meeting of the British Medical Association, last August, our distinguished countryman, Dr. Battey, of Georgia, read a paper presenting his mode of intra-uterine medication with a solution of iodine and carbolic acid, to which he has given the name of *iodized phenol*. We condense Dr. Battey's paper from the Virginia Medical Monthly.



It is simply a concentrated solution of iodine in carbolic acid, and Dr. Battey does not consider it at all a chemical compound. In his experiments he prepared an iodized phenol of various strengths—one drachm, then two, then three and four drachms of iodine were found soluble in an ounce of glycerine. He says :

“The last and strongest solution proved to be decidedly escharotic in its action upon the tissues, and especially upon the heterologous growths of low vitality, and has been much used by the writer for attacking uterine cancer—more particularly to supplement the curette. The standard solution employed in intra-uterine medication consists of one part by weight of iodine dissolved in four parts of liquefied carbolic acid.”

At first Dr. Battey employed glycerine to dilute the phenol, now he uniformly employs the solution in full strength. Any of the usual forms of applicator wrapped with cotton wool will serve sufficiently well for the application. Dr. Battey uses a slender, elastic hard-rubber probe, of which he is provided with several ready for use, with the cotton wrapping for each.

We quote now in full his remarks upon his method of application with the results he has observed :

*Mode of application.*—The writer selects six or eight of the elastic probes; he then breaks off from the lap of cotton four or five inches of its length, and with his fingers splits it into several fasciculi of such size as when wound upon the probes will enlarge them to a desired thickness. The end of a probe is moistened slightly, and the fasciculus of cotton wound spirally upon it. The cotton around the probe is now dipped into the iodized phenol, any redundancy allowed to drip away, and the probe passed into the uterus with a slow, spiral movement as it advances. At first, the probe is introduced but half an inch, the effect noted, and the probe advanced to the internal os, if deemed advisable, and then withdrawn.

Here, upon a first treatment, the case rests, to note the tolerance of the uterus for the remedy. At subsequent treatments, the probe may be carried to the fundus, and the first probe is followed by a second, and even a third or fourth, if well borne. The remainder of the wrapped probes are employed for wiping off the cervix and vaginal wall, if any of the phenol should have touched these tissues. The energy of the application is regulated by the size of the wrapping, the depth to which the probe is passed, and by the number of probes used. When a very decided impression is to be made, a backward turn is given to the probe in its withdrawal, so as to leave the saturated cotton in the uterus, there to remain twenty-four hours, and often until it is spontaneously expelled. The application is renewed every four or fourteen days, according to the energy of the treatment; in general, once in seven days is sufficient.

The writer has abandoned the use of sponge-tents in connection with the treatment set forth. When dilatation is required, he employs the cotton-wrapped probe, twisting it firmly into the canal by the spiral movement above indicated, and reversing the movement, the probe is withdrawn, and a soft cotton tent remains in the uterine canal. The dilating power of this is notably less than the sponge, but nearly equal to sea-tangle, and it is believed, entirely safe.

*The results.*—1. A perfect removal of all cervical mucus, which is promptly coagulated, and comes away adhering closely to the cotton. The probes subsequently passed bring the remedy directly in contact with the diseased membrane.

2. Always comparative, and frequently entire freedom from pain. This is a marked feature of the method, and in striking contrast with former experience. Carbolic acid is a local anæsthetic, and so numbs sensibility as to make the energetic application of iodine for the most part devoid of pain.

3. The iodine is so rapidly absorbed by the uterus, that the patient remarks its metallic taste in the mouth and throat usually in five or ten minutes after the application.

4. Softening, and more or less dilatation of the os and cervix.

5. Temporary arrest of leucorrhœa.

6. Watery discharge, sometimes bloody.

7. Exfoliation of the superficial layer of the membrane, which comes away in shreds, and sometimes entire, resembling thin glove kid.

8. Abrasions of the os heal promptly.

9. Disappearance of indurations of the uterus.

10. Permanent arrest of leucorrhœa.

11. Villousities of the endometrium are removed without resort to the curette.

12. Sub-involution of the uterus disappears.

13. The menses become regular and healthy; menorrhagia and scanty menstruation, as well as dysmenorrhœa, are remedied.

14. Appetite and digestion improve, and this in many instances without the use of medicines.

15. So thoroughly is the system impregnated with iodine, alterations by the stomach are not used.

16. The form of the cervix and os is often completely changed. A large, puffy cervix, with very patulous, slit-like os, becomes even virginal in type.

17. Stenosis has not followed the treatment in any case noted as yet.

18. Barrenness from nine to fourteen years duration has disappeared in several instances.

*Remarks.*—Rapid, and, at the same time, satisfactory cure in chronic uterine ailments, such as are contemplated in this paper, are not attainable by any mode of treatment known to the writer. It is not proposed that rapid cures can be made by the method herein set forth. On the contrary, the long-standing and obstinate cases, such as usually fell into his hands, require many months for satisfactory cure.—*Obstetric Gazette.*

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## AURAL SYRINGES.

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BY J. S. PROUT, M. D.

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As announced by the card, I shall confine my remarks to ear syringes, saying very little on the general subject of ear syringing, and shall address them to those who, as general practitioners, have not time or opportunity to make themselves expert in matters of aural prac-

tice. I hope that what I say may also interest our friends, the druggists, one of whom recently told me that "ear syringes" are sometimes bought by men who propose to use them on an entirely different part of the body!

As the subject is an important one, our patients are entitled to explicit instructions from us in respect to indications, instruments, etc. I therefore lay it down as a rule, from which there is to be no departure, that no ear should be actively syringed unless there is something in it that it is important to remove. It therefore follows, as a matter of course, that if the physician cannot examine the ear and determine that there is something in it that needs to be removed, he is not competent to advise for the case; and also that if, in despite of this inability, he prescribes syringing, he does so blindly, at hap-hazard, ignorantly, and is guilty of malpractice (bad practice), even though no appreciable injury is sustained by the patient.

What then are the things that we are to remove from the ear? They are foreign bodies, however they may have gotten in, wax and pus, which last may be either dried and caked in the auditory canal, or in process of constant formation and discharge.

Nearly all the objects that enter the ear from without may be removed by means of the syringe, and no one who has not given careful attention to the treatment of aural diseases should ever resort to any other method of removal.

When one reads and hears of the horrid work that has been and is still occasionally done by legally qualified practitioners in the search after foreign bodies that perhaps have no existence—drum-membranes destroyed, ossicles pulled out, etc., etc.—one is tempted to wish that some such unscrupulous incompetent may be sued for malpractice and mulched in heavy damages—*pour encourager les autres!*

For the purpose of classification I shall divide syringes into 1, piston-syringes; 2, bulb-syringes in which the injecting nozzle is directly attached to the bulb; and 3, bulb syringes in which the nozzle is connected with the bulb by a flexible rubber tube of several inches in length, the water being drawn into the bulb through a similar flexible tube, as in Davidson's, or through a short metallic tube, as in the Derby or the American.

In the drug stores small cheap glass or pewter piston-syringes (made originally for the penis, perhaps) are sold for the ear, for which they are dangerous and almost worthless. I was told by a druggist the other day that a small glass syringe of this sort broke recently in a lady's ear while in use. The result was a cut on the cheek—strangely enough and very fortunately, the ear itself was not injured. Small hard-rubber piston-syringes of various styles are also sold for the ear, one of which, called the "ear syringe, is, in careful hands, a good instrument. I have used one of this sort, holding about  $\frac{1}{2}$  ounce, for years, and find it sufficient for all ordinary purposes. When the piston does not work freely there is apt to be a jerky movement, and the delicate skin lining the auditory canal is apt to be injured. It is also true that no one can use such an instrument satisfactorily and safely on himself. I therefore make the broad general statement that for home and self use, on the ear, a piston-syringe should not be used. It is both dangerous and unhandy.

The different bulb-syringes of the first variety (second class) are better than those of which I have just spoken (first class), but they are less safe and less easily used than those of class 3, of which Davidson's may be ranked as first and best, the type of the good syringe for the ear for home or self use. The power is applied by the hand to the bulb, and the force of the stream can be regulated with great nicety. The intervention of the flexible tube between the bulb and the nozzle prevents any possibility of damage through the force exerted by the hand, as may easily happen in using the piston-syringes. The nozzle may be held by the syringer or by the patient, with its point in the beginning of the external meatus. Any sudden movement of the head will be away from danger. This syringe, or one of this class, is to be found in almost every well-regulated household.

Another advantage of this class (3) is that when the syringe is in action, if the source of water-supply be raised it will act as a douche and give a steady stream of water to the ear, the force varying as the difference of level between nozzle and water-surface is great or small. Thus the Davidson syringe, besides its ordinary uses, is the best attainable domestic ear-syringe, and is as good a douche for the ear as we need, while the others of the third class are nearly as good.

The last addition to the family is Hall's Patent Health Syringe, which may be put into our third class. A glass jar for holding the water has attached to its top a rubber bulb by means of which the air is condensed in the space above the water, which, through a tube that goes to the bottom of the jar and terminates externally in a flexible tube, is thus forced out in a steady stream at a moderate pressure.

What fluid is to be used in the syringe? Warm water of about the temperature of the blood ( $98\frac{1}{2}^{\circ}$  Fahrenheit) is sufficient for all ordinary purposes. (Nothing cold should ever be put in the ear.) When there is a purulent discharge, a solution of borax (one or two teaspoonfuls to the pint) may be used, as it is both cleansing and healing. This or a solution of carbonate or bicarbonate of soda is sometimes used to soften wax, as the alkali somewhat increases the solvent power of the water; but this is seldom needed. Castile soap may be added to the water; but, as a rule, it is better to avoid fluids containing organic material. (For the same reason it is unwise in earache to pour in oils, molasses or such substances, as they make the ear dirty, and so favor the development of disease. Warm water or this, with three times its bulk of laudanum, will usually do more good and no harm.)

It is essential that only clean water be taken into the syringe. This is easily managed by using two vessels, one a cup or finger-bowl to catch the water that flows from the ear, while in the other the clean water is held. By this precaution the syringe is always clean, and cannot carry infection from one patient to another.

Syringing the ear may sometimes produce disagreeable effects, such as cough, giddiness, or even fainting. Among other causes these may result from the use of water of too high temperature. Dr. Cornwell mentions a case in which faintness came on whenever the water was "a little more than milk-warm." (Cincinnati Lancet and Clinic, Nov. 8, 1879, p. 360.)

For ordinary syringing the temperature may be about  $98^{\circ}$  Fahr.; for the douche, for the relief of acute inflammation, it may be some-

what warmer, but in any case the feelings of the patient are the only safe guide.

Roosa (Diseases of the Ear, 4th Edition, 1878, p. 127) says: "I think the small hard rubber syringe is the best, though a Davidson's syringe does very well." Turnbull (Dis. of the Ear, Phila., 1872, p. 86) advises Davidson's syringe, and says if this is not at hand a piston syringe (described and figured) may be substituted. I am sorry to say that he violates what I hold to be a cardinal rule in ear-syringing when he says (p. 89): "Wilde's basin is of great service in these cases. Its concave part fits accurately the curve beneath the lobe of the ear, and the perforated septum *strains the clean water from the dirty.*" (Italics mine.) This is disagreeably suggestive of dirty instruments, and of the communication of disease from one patient to another. Von Troeltsch says: "There can be but one object in syringing the ear; that is, the removal of something from it. You will be still more surprised when in your practice you find that almost every aural patient, who has not come to you at first, has been ordered to syringe the ears. The patients who tell you this will often very earnestly and truly tell you that nothing was removed." (Trans. by Roosa, 2d Am. Edition, N. Y., 1869, p. 93.) Burnett (Diseases of the Ear, Phila., 1877) only mentions the piston syringe, and repeats the same advice in his "Hearing; and How to Keep It" (American Health Primer, No. 1, Phila., 1879) an excellent little book, of interest to us all, and one that I wish I could induce every member of this Society to read. It would then be well for them and better for their patients. I also wish that it could receive the wide general reading that it deserves, and for which it was intended. Those with ear trouble would then better appreciate the quality of the advice they receive. Light is good in dark places. The influence for good on the profession, of correct ideas among the laity, cannot be overestimated.

In conclusion, let me say that I always protect the reputation of a professional brother if possible. Let me cite a case to show why this cannot always be done: A very intelligent patient came to me for treatment, saying that his physician had assured him that there was no wax in his ears. I found each ear nearly full of wax, which I was obliged to syringe out. I did not comment on this unfortunate contradiction, nor did he, but it is not safe to infer that he did not notice it, and did not draw his own conclusions.

The instinct of self-preservation prompts patients to respect a physician who candidly says he does not understand some disease of theirs that is entirely out of his line, and he maintains his own self-respect by doing so. But how does the case stand when the patient discovers that the physician professes to understand matters concerning which he is perhaps entirely uninformed? Should not each man know and honestly recognize his own limitations?—*Soc. Cø. Kings.*

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## TUBERCULOSIS AN INFECTIOUS DISEASE.

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We have at last some daylight let in upon this most obscure field in nosology. Tuberculosis will henceforth take place among the infectious diseases. Tuberculosis is a sort of key-note in the whole gamut

of internal diseases, and the most far-sighted pathologists and clinicians have always expended the greater part of their lives in its elucidation. Tuberculosis runs into every department of medicine, into internal medicine, into surgery, into obstetrics and gynecology; it is the key-stone in the arch of pathology. Physicians, surgeons, obstetricians, every one engaged in the science or art of medicine will hail with pleasure anything definite, anything settled in the history of tuberculosis. The transmissibility of tuberculosis has been hinted at long ago, but it has never until now received the sanction of such authority as to establish its acceptance. No one will dispute the accuracy of Cohnheim's investigations or the validity of his conclusions. We present our readers a full abstract to-day of the remarkably lucid and comprehensive report made by Cohnheim to the Leipsic faculty a few months ago.

The report marks an epoch in the history of this disease which in its practical significance far exceeds in value the works of Lænnec and Virchow. It is taken from the *Medizin. Neuigk f. prakt. Aerzte*, April 3, 1880:

The most important advance in our knowledge of tuberculosis was contributed by Villemain's discovery of the transmissibility of this disease. Although the discovery was doubted for a long time, by Cohnheim as well as by others, it must now be looked upon as a fully established fact, as proven by the following investigation of Cohnheim and Solomonsen:

If the smallest particle of tuberculous matter be carried through a lineal incision of the cornea into the aqueous chamber of the eye of a rabbit, there appears, after a period of incubation of about six weeks, an eruption upon the iris of minute nodules, which increase to a certain size and then undergo caseous degeneration, to be followed in the course of months by a more or less general tuberculosis of the lungs, peritoneum and various other organs.

Of the greatest significance is the fact that this result occurs regularly, but only when real tuberculous matter has been inoculated. We may therefore utilize this inoculability as a diagnostic criterion of tuberculous products, a fact which is so much the more important in that the anatomico-morphological character of tuberculosis does not suffice in all cases to differentiate this affection with certainty from syphilitic products on the one hand, and on the other from other non-specific, but simply chronic irritative conditions. Neither the nodular form, the histological structure, the occurrence of giant cells, caseation, nor all these circumstances together are absolutely characteristic of tuberculosis. The only absolutely perfect and certain criterion is the capacity and infection.

And taking this criterion as a stand we must include as tuberculous, caseous pneumonia, the so-called caseation of lymph glands, as well as the fungous joint inflammations in most cases, while simple elements like lupus tissues not being inoculable are not tuberculous.

As carriers of the infection of tuberculosis we assume parasitic specific organisms, though it is true that we are not as yet able to demonstrate them with certainty.

The tuberculous virus reaches the body in the great majority of cases through the inspired air. Thus arises first tuberculosis of the lungs,

which may then develop tuberculosis of the pleura, of the bronchial glands and of the great air passages. In some rare cases, the tuberculosis may originate in the larynx. Later the virus is carried by the sputa into the alimentary canal. Thence develops the so frequent classic picture of pulmonary-intestinal tuberculosis.

On the other hand, the virus may first enter the digestive canal, an occurrence observed most frequently in children and dependent upon the ingestion of milk from tuberculous cows, that is of cows suffering from the fecal disease. Thus arises the *phthisis mescraica*. It is probable also that the so-called tuberculous inflammations of the mouth and larynx, as well as the caseous swellings of the cervical lymph glands arise in this way.

According to reports of Weigert tuberculous meningitis may then follow in certain cases from a migration of the tuberculous poison into the cranium from the upper nasal cavities. But urogenital tuberculosis is to be regarded as produced through excretion. The tuberculous virus, like other corpuscular elements, penetrates the glomeruli, having passed from the blood into the urinary passages and then develops its effects along these preformed canals.

In cases of primary bone and joint tuberculosis which are mostly referred to traumatic causes, it must be assumed that the poison is already in the blood and is simply extravasated by the trauma in greater quantity in the affected regions.

To account for the rapidity and universality of the dissemination of tuberculous products in the cases of acute generalized tuberculosis we must invoke a profuse inundation of the juicy organs with tuberculous virus. This explanation is rendered probable by the anatomical findings of tuberculosis of the thoracic duct and of the pulmonary veins in such cases.

On the other hand there are many cases, as is well known, of purely localized tuberculosis, in which the disease is found limited to a definite locality. But there is no essential difference in these cases. For the local limitation of the process is either explicable by the short duration of the disease (as in the local tuberculosis of the aged) or, where it has existed long, it is still in process of extension, though the process is slow. But it is perfectly certain that tuberculosis may result in perfect recovery. That the so-called local tuberculosis represents nothing essentially different is proven above all things by the fact that its products are just as inoculable as are those of general tuberculosis. The relation between local and general tuberculosis is very much like that between chancre and constitutional syphilis. A chancre, whether soft or hard, may induce a general infection of the body, may do it, but not must do it. Even so it is with local tuberculosis.

For the rest individual predispositions come into play. In the experimental induction of tuberculosis, differences manifest themselves with regard to the extension of the process and the manner of the extension.

But so far as regards the *phthisical habitus*, it has nothing to do with the susceptibility to tuberculosis. Such individuals are already tuberculous, and are tuberculous mostly by heredity. Tuberculous virus can pass into the products of generation, into the semen and ovum. The disease is thus present in the new-born child, but may break out only after a lateral stage of many years, just like hereditary syphilis in

which, however, the latest stage is usually shorter. But during this latest stage the virus present in the body so effects the development of the body as to give rise to phthisical habits.

So, in tuberculosis, everything depends on the virus. Such a thing as predisposition to tuberculosis is false. We discover at all points the closest analogies between tuberculosis and syphilis. Both require, above all things, infection, transmissibility of the disease from person to person.—*J. T. W. in Lancet & Clinic.*

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## IODINE A SUBSTITUTE FOR QUINIA.

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BY FORDYCE GRINNELL, M. D., MARYVILLE, TENN.

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While occupying the position of Government physician at the Wichita Indian Agency, Indian Territory, I saw a statement quoted from the St. Petersburg Medical Doehenschrift on the value of iodine as a substitute for quinia. The statement made by the author, Dr. J. Nonodnitschauski, that "when given boldly, ten to twelve drops of the tinct. in a half glass of sweetened water every eight hours, iodine will never rank second to quinia in the treatment of intermittent fevers," the more forcibly impressed me, because at the time malarial diseases were prevailing extensively, and while I had been using the sulphate of quinia at the rate of one ounce per day, my stock suddenly became exhausted, and no article ordinarily used as a substitute remained in the dispensary. Our distance from medical supplies rendered our condition, under these circumstances, very embarrassing. Hence, the readiness with which we seized upon any suggestions which seemed to afford means to fight our great enemy—malaria.

Having then a good opportunity to test the value of the remedy, I began by following the plan suggested by Dr. Nonodnitschauski, that is, giving ten drops of the tinct. in one-third glass of sweetened water, thrice daily to adults, children receiving proportional doses. The results far surpassed my most sanguine expectations.

Indeed, I thought the statement rather extravagant, that iodine when given as above indicated, "will never rank second to quinia in the treatment of intermittent fevers."

Subsequent experience however, both in that country and in this, has led me to conclude that the anti-periodic powers of iodine are superior to any other remedy of the materia medica save quinine, and that it is by far the best known substitute for quinia.

At that time I treated 135 cases of intermittent fever, 74 being males and 61 females; these included children and in some instances infants. The quotidian and tertian types of the fever were the forms principally presented. I also treated four cases of diarrhoea and eight cases of neuralgia, each of malarial origin, using the same remedy, only adding astringents or opiates as indicated. One hundred and forty-seven cases were thus treated with the iodine, and the results were fully equal to those treated with the sulphate of quinia.

The remedy seemed to act almost as by magic, in many instances the paroxysms were not repeated after the medicine was given, though



the doses were repeated for a day or two after the cessation of the fever.

In cases of enlarged spleen there was a more speedy reduction in the size of that organ than when the sulphate of quinia was used.

One important item in its favor was the fact that it was much more agreeable to take than quinine, and this with a large part of our population proved a potent argument in its favor. The iodine at once became a more popular remedy than quinine, with the masses of our people.

The nationality of those treated embraced the white, the Indian and the negro races.

Knowing that some of my brother practitioners at other agencies were also short of anti-periodic remedies, I at once reported my successes to my friend, Dr. Irving W. Smith, physician to the Kiowa and Comanche Agency. He reported some time after—"I have tried the new remedy in a number of instances, with both red and white patients, in each instance with complete success as far as reported. I have only a few ounces of quinia or cinchonidia, and regard the new remedy as a special blessing at this time. I have added the tinct. to simple syrup, a drachm to the ounce, with enough iodide of potassum to prevent precipitation on the addition of water."

I also reported upon the value of iodine as a substitute for quinia to the Cincinnati Lancet and Clinic, and several succeeding numbers contained testimonials from various parts of our country as to its decided value. Since coming to Tennessee I have had fewer cases of malarious character with which to deal, but in these few I am perfectly satisfied with its results, as they have been fully equal to those recorded in my government practice.

Several practitioners along the Tennessee river, where miasmatic fevers are more prevalent, have, at my suggestion, used the iodine, and they too have been astonished at the favorable results. In one instance the doctor informed me that he had used quinia and the various alkaloïds of cinchona without avail in an obstinate case of malarial fever in a child, that he had also tried arsenic and other anti-periodic remedies of repute, but without success; that he finally prescribed the iodine, with a perfect cure as the result. Previous to this he said he had so little faith in the remedy (although it had been proposed to him some time before this) that he had not tried it, and only because of want of success in the use of all other remedies had he tried it in this instance, but he now proposed to give it a further trial.

The fact that the cost of iodine is so little in comparison to quinia, especially renders it a boon to the poorer classes, who can ill afford to purchase quinia, and the physician who treats them and furnishes the remedy, finds his bill for drugs not an insignificant item of his expenses, with little to show in return.

The fact that iodine exerts such a pronounced effect upon those very glands which appear to harbor the malarial poison, seems to render its great value in these cases quite philosophical.

It only seems strange that in the settling up of the great West, with malarial poison ever opposing the onward march of civilization, and the great scarcity and high price of quinia, that the value of this remedy had not been earlier and more generally appreciated.

It is safe to say that hundreds of persons have died of malarial disorders, especially in the territories and regions remote from medical supplies, because of the scarcity of quinia, or because it could not be obtained at any price, when perhaps at the same time iodine in quantity was in stock in the dispensaries.—*South. Prac.*

## SHOULD WE BANDAGE AFTER LABOR, AND WHY? AND IF NOT, WHY NOT?

BY ALEXANDER ELWELL, M. D., VINCENTOWN, N. J.

These questions have presented themselves to my mind, from the fact that I have found a growing disposition on the part of some of my brethren to break in upon the long and useful custom of bandaging our parturient patients. Not long since, I called to my assistance, in a case of labor, a gentleman whom I have always held in high esteem, both for his medical opinion as well as his gentlemanly and social qualities, who, upon the question about the bandage, remarked that it was of but little importance whether she was bandaged or not; this set me to thinking over the subject, a subject that Prof. Hodge in his lectures laid much stress upon, and which other authors, such as Dewees, Meigs, James and Ramsbotham, had led me to think was of very much importance. The disciples of Hannheman do not bandage, but I see no cause why we should follow in their footsteps. The principal object which the bandage serves is to brace the bowels, and give artificial support in place of that which they have lost through the extreme laxity of the abdominal muscles, and to prevent the faintness frequently attendant on the sudden removal of a certain degree of pressure. I also think that a bandage, properly applied, stimulates the uterus to contraction; though of course too much reliance must not be placed on it for that purpose, but the uterus should be induced to contraction before the application of the bandage by gentle and continued friction over and to it. Again, I think the bandage serves other purposes—such as the prevention of anteversion, lateral obliquities, and even prolapsis—by relieving the uterus of the weight of over-distended muscles and dislocated intestines, until nature and time comes to the relief, giving tone and strength to surroundings. My idea of a bandage is one that is wide enough to come from the ensiform cartilage well down over the hips, with gussets or gores, fitting smoothly, showing but little disposition to work up; it should be worn from six to eight weeks; then we will find our patients to walk with more erect, firm and elastic step, complaining less with backache and headache and general lassitude. A bandage thus made and worn, with the addition of two or three napkins under it, next to the skin, will keep us advised of any tendency to hemorrhage, should it exist.

I am certain I have seen flooding where there was no importance attached to bandaging or none applied, that might have been avoided in part, or perhaps altogether. Sometimes, in hasty delivery, the birth occurring before the arrival of the accoucher, the patient being allowed to lie without the proper attention, concealed hemorrhage

does occur. One such case comes very vividly to ~~my~~ mind. I was sent for, and upon my arrival I found, to my great astonishment, my patient dead. The child was born, and the placenta self-delivered. Upon questioning those around, no satisfactory answer could I get as to the supposed cause of this sudden taking off. Had there been much flooding? I asked. Not more than usual in cases of confinement. I was not satisfied, and made an examination post mortem, and found the uterus filled with clotted blood, and as large as at the seventh month of pregnancy. Now, had the uterus been held firmly in place by bandage and napkins, I cannot help thinking that much of the flooding might have been avoided, and the patient's life saved. Other similar cases I have seen, and am led to believe that the timely use of the bandage, and preceding manipulations, saved my patient. So thoroughly am I convinced of their usefulness, I would not dare to leave off their use.

I have endeavored to give some reasons why the bandage should be used, and the negative side of the question I leave to those to answer that may differ from me. Should there be good reasons given why bandaging may or should be done away with, then would I consider we are rid of very much trouble.—*Country Practitioner*.

[A bandage is useful in giving support to the empty and relaxed condition of the abdominal walls, and may, by its pressure, tend in some measure to maintain the womb in a state of contraction; but we have found from experience that it should not be hastily applied, as usually advised, because it interferes with the manipulation necessary to detect contraction and guard against post partum hemorrhage.—ED. RECORD—W.]

#### A PLEA FOR CHLOROFORM.

A. G. Smythe, M.D., of Baldwyn, Miss., writes in the New York Medical Record :

Will you be so kind as to permit a backwoods general practitioner, to protest against the summary conviction and capital execution of chloroform as proposed in a recent number of the Medical Record by your Milwaukie, Wis. correspondent. While I am and have all my life been only a general practitioner, most of the time in the country, and cannot marshal surgical cases by the thousands, yet I propose to offer a few facts that have come within my own knowledge.

At the outset it will be admitted that chloroform is a potent agent, and should be used with the utmost caution and prudence, the routine description of which will be supposed to be well known to your readers.

Immediately after the publication of the success of the administration of chloroform by Sir James Y. Simpson (say as early as January, 1848), I procured a small quantity, with which I experimented upon myself in all the ways that I could without an assistant, and discovered that it almost invariably caused nausea and vomiting if taken a short time after eating. As early as February in the same year (1848) I administered it to a small boy, aged eight years, without any assistant or any person being present, and successfully performed a tedious and painful minor operation in the mouth, entirely free from pain or any

untoward circumstances. (Will not give it in operations upon the nose, mouth or throat, at present—it is not safe.) From that day to the present time have used it—as all the therapeutic agents are used by myself, with prudence, paying but little attention to the host of so-called contraindications, except in the operations parenthesized—in a large number of capital, and a host of minor operations in surgery, also in general practice; in at least one thousand and four hundred, out of two thousand and six hundred cases of obstetries, without a failure in a single case. Only in four cases were there any symptoms to cause alarm on the part of those present, and but two that caused solicitude to your contributor. There is no agent in the whole *materia medica* with which your contributor has had such uniform success as that of chloroform, having at no time in thirty-two years failed to obtain all that was anticipated when it was given. No mortality (not a single case), where chloroform could be charged with any agency in causing a fatal result. There is no other remedy (not even quinine, and I have but few charges against it), which has been given to the same extent, that has given such entire satisfaction as the one in question, and now, at this late day, to presume to summarily dismiss a remedy which has passed through such an ordeal, and that can muster an array of friends and vouchers who, in point of character, skill and numbers, would strike consternation to the enemies of chloroform, the proposition as made by your contributor is, to say the least, summary and premature. Give chloroform and its friends a hearing; raise a committee or commission of investigation. The friends of chloroform do not fear a fair investigation.

In the future there may be discovered (I trust there will be) a safer and more pleasant anæsthetic than chloroform; but that it has been done up to the present time is doubted by a very large and respectable number of the profession throughout the civilized world.

Did time and space permit, much might be urged in this article as to the mode of administering chloroform, as compared with other remedies of the same class. Being more active in its action, it should be given slower, is all that will be said at present.

As an apology to your readers; will say that your contributor is by no means as young as he has been, and is at present almost blind; but was determined to come to the rescue of chloroform; not, however, that he had any fears that it would be dismissed from the *Materia Medica*.—*N. Y. Med. Rec.*

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**Local Anæsthesia with Bromide of Ethyl.**—M. Terrillon stated at the *Société de Chirurgie* that he had employed the bromide of ethyl about a dozen times in operations with the thermo-cautery. In a minute or two a white patch indicating cutaneous anæsthesia is produced, and on the pulverization being continued, insensibility of the tissues is produced to the depth of two centimeters. The production of the white patch is not essential, as anæsthesia may exist when it is absent. The results have proved very satisfactory, but in two cases M. Terrillon did not succeed, owing, as he believes, to the pulverizers which he employed having too small a jet.—*Gaz. Med.*

## ABSTRACTS AND GLEANINGS.

**Sulphur and its Compounds in Skin Diseases.**—Dr. L. Duncan Bulkley, of New York, in the American Medical Association, presented a paper on this subject. He referred to the great popularity which sulphur had had in the treatment of skin diseases, and of the indiscriminateness of its employment. His present aim was to show in exactly what diseases sulphur really relieved, and how it should be administered.

First, as to its internal use. *Pure sulphur* was seldom given alone in skin diseases. In eczema about the anus and genitals, however, it is very useful, especially if there is any constipation or piles. It may be given with equal parts of cream of tartar, in teaspoonful doses. Sulphurous acid is rarely used internally.

*Sulphide of calcium* is very valuable in skin lesions attended with supuration. In acne it is often useful, but chiefly in those cases which have a considerable pustular element. It is not of much use in acne rosacea. In hordeoleum it is very valuable; also in furunculosis, relieving not only the symptoms, but preventing further crops of boils. Like testimony may be given regarding its effects in carbuncle and suppurating buboes. True, non-parasitic syphilis is sometimes benefited by sulphide of calcium. The drug is liable to be poor, and should have its characteristic smell of sulphuretted hydrogen. Dr. Bulkley usually gave gr.  $\frac{1}{4}$  q. i. d.

*Sulphuret of potassa* probably has the same effect as the sulphide of calcium.

It is undoubtedly the sulphur that does the good in these cases, for other combinations of sulphur, such as the hypophosphite and sulphuric acid, have been found similarly beneficial. A wonderfully valuable combination of sulphur is that known as "Startin's Mixture":

R. Magnes. sulph..... $\bar{3}$ j.  
 Ferri sulph..... $\bar{3}$ j.  
 Acid sulphur. dil..... $\bar{3}$ ij.  
 Tr. gentian..... $\bar{3}$ j.  
 Aquæ..... $\bar{3}$ ij

M. Sig.— $\bar{3}$ j dose after meals.

This is very potent in reducing cutaneous congestion in such conditions as erythema multiforme, erythematous eczema and urticaria.

In regard to the use of natural sulphur waters, some benefit is obtained from them, but it is impossible to speak definitely of them until more data are collected. The speaker wished help from any in collecting such facts.

Externally, sulphur has gained its widest reputation in the treatment of scabies, for which it is almost a specific. It should be remembered that sulphur is an irritant to the skin.

It is also beneficial in acne, either in the form of the pure sulphur or the hypochloride, the latter being used as an ointment, about  $\bar{3}$ j to  $\bar{3}$ j. Sulphur will also destroy the parasites of favus, ringworm and tinea versicola—pure sulphurous acid being the best form for these.

Sulphur vapor baths are of value in very few diseases of the skin. They stimulate the skin and liver, and they destroy skin parasites; but not much more can be said for them.

**Jamaica Dogwood.**—A writer in the Georgia Eclectic Medical Journal says of this new remedy:

In toothache it is an absolute specific where a cavity exists. Saturate some loose cotton with the tincture and insert it in the cavity and the pain will at once vanish. I have treated several hundred cases in this manner without a single failure.

I have experimented upon myself and the following are the provings: I commenced with small and repeated doses until I got the full physiological effect. The first sensation is a fullness and warmth through the chest, strong heart beat and full pulse; this is followed by great internal heat which slowly extends to the surface and is followed by perspiration. Should the medicine be still further continued, a violent headache is the result which passes off in a few hours. It has been proposed to substitute it for opium as it leaves no bad effects, whilst the latter disagrees with a large number and in all cases deranges digestion. I find that Jamaica dogwood is both an anodyne and a narcotic, but it is difficult to measure the dose to produce this result. Enough must be taken to produce diaphoresis and sleep, but then it becomes necessary to stop the administration, otherwise headache will result. I usually prescribe:

R

F. Ex. Jamaica Dogwood..... ʒ i.  
Elixir Simplicis..... ʒ iil.

M.

Sig. A teaspoonful every half hour until perspiration ensues.

I have used it with great benefit in angina pectoris and combined with yerba in the cough of phthisis.

In intermittent fever I find it answers the purpose as well as quinine, abating the paroxysm in a majority of cases.

In sciatica I find it of the greatest benefit. In six cases that I have had under my care I succeeded in effecting a cure by the internal administration of Jamaica dogwood and the external application of mullein leaves steeped in warm vinegar. Nerve stretching and the hypodermic injection of morphia and chloroform will now be of the past.

It will be my first treatment in acute rheumatism, and judging from analogy, ought to be successful.

I trust that others will investigate this drug and give us the benefit of their experience.

**Oxalate of Cerium in Coughs.**—Dr. Morje, in a report upon the use of this article in St. Luke's Hospital, says:

The wards were evidently quieter while those requiring cough medicines were taking the oxalate than at other times. The remedy was on several occasions entirely intermitted in the wards for a few days, and then resumed as each case came to require it. In about twenty-four or forty-eight hours after stopping it the noise and complaining would increase.

The best effects were noticed in the early stages of phthisis, or in chronic bronchitis; but a hoarse, harassing cough, with profuse expectoration in the third stage, was in several cases relieved, the cavities being then emptied without violent coughing or great effort.

The drug was not thoroughly tested in acute cough, but my impression is that it is less efficient in acute than in chronic cough, whether pulmonary or laryngeal. Nausea and vomiting became rare among the phthisis patients during the time it was used. It never disturbed the stomach, but, on the contrary, appetite and digestion often were speedily improved.

In dyspnoea having an asthmatic element, it doubtless affords more or less relief. In dyspnoea due to loss of normal lung substance, it can give the relief only which is procured by checking the coughing; during coughing the legitimate functions of the still healthy portions of the lungs are more or less arrested.

Frequently sleep was restored, and occasionally considerable drowsiness attended its use for a time, but these effects were not attributed to any narcotic property of the drug, but to the relief of the cough, which allowed the patient to make up for previous loss of sleep.

The patients taking the oxalate were weighed weekly, and several very soon showed marked gain.

No dangerous symptoms were ever observed attributable to the drug. The largest dose given was twenty grains. This dose was never repeated the same day, but was given, in a few instances, to patients taking 10 grains twice at other periods of the day. No complaint was ever voluntarily made of its causing dryness of the mouth, but several of the patients questioned on this point admitted that it produced this symptom at first, but declared that after taking it a few days they ceased to notice it. There were now and then complaints of its producing a sensation of tightness in the chest, and of its drying up the expectoration, but complaining of these symptoms was common when the oxalate was not being used.

**The Opium Habit—A Possible Antidote.**—The Louisville Medical News, May 29, contains an admirable paper from the pen of Prof. E. R. Palmer, on "The Opium Habit—a Possible Antidote."

This paper begins with a reference to the great physical distress and pernicious influence induced by the opium habit. Reference is next made to the various claims of remedies as a curative of this habit, which are disposed of in the following words: "If any man has yet discovered a cure for opium eating, I am sure the medical world is not aware of it."

Prof. Palmer goes on to say that recent experience has led him to hope that he has discovered a cure in the fluid ext. of coca, made by Parke, Davis & Co. This drug Prof. Palmer employed in practice with such results as satisfied him that it possessed uncommon merit as a remedy in the treatment of the opium habit.

He says, after relating several cases in which he employed this agent: "These are very brief and slender claims upon which to base a claim of discovery; and while I might supplement them by several cases of ordinary hypochondriasis relieved by the agent in question, I do not deem it worth while, as my only desire is to direct professional

attention to the administration of coca in the treatment of the opium habit.

Erythroxyton coca is a native of the eastern slope of the Andes. It is cultivated in the tropical valleys of Bolivia and Peru. The greatest of care is given to its culture by the natives. An idea of its importance as an agricultural product may be gained from the fact that the duties upon coca in Peru amount yearly to four hundred thousand dollars. The Peruvians are preeminently a despondent, an unhappy race, and coca is their balm. To them it is a relic of departed days of glory, and under its benign influence they enjoy in dream and delirium the halcyon days of Monco Capac.

Prof. Steele, of the American Pharmaceutical Association, from whose article on coca I glean these facts, says: 'Coca is both salutary and nutritious; in fact, the best gift the Creator could have bestowed upon the unfortunate Indians. They always carry a bag of leaves suspended from their necks, upon which they draw three times a day with as much pleasure and delight as a connoisseur in tobacco smokes a fragrant Havana. It imparts brilliancy to the eye and a more animated expression to the features, agility to the step, and a general appearance of animation and content.' Indeed, one can scarcely read Prof. Steele's article without wishing to test the virtues of this great antidote for the blues. The ordinary dose for adults of the fluid extract is a tablespoonful."

The opium habit is a most unfortunate condition, and anything offered for its relief should be carefully tested. Prof. Palmer's experience with the use of coca goes to show that if not a positive cure in every case, it merits professional attention as an agent of great value.—*Md. Med. Jour.*

**Arsenic in Chorea.**—According to Bouchardat's Ann. for 1880, we find that, from observations made in the service of M. Siredey, by M. Pomel, upon the treatment of chorea, the following deductions are made:

1st. Of all the remedies employed in chorea, those which are the most rapid and sure are the arsenical preparations; particularly arsenious acid, which at once produces rapid amelioration of the symptoms, and brings about a speedy cure.

2d. Grave cases of chorea that have resisted other treatment yield, frequently with promptness, to arsenic.

3d. To obtain the full benefit of the arsenical treatment, it is necessary to administer the medicine in such doses as to produce, as speedily as possible, the constitutional effects or signs of arsenical saturation.

4th. Even in children affected with chorea, no hesitation should be felt in giving strong doses of arsenic, in order to reach the point of saturation quickly.

5th. Without denying the possibility of danger in the use of arsenic in the treatment of chorea, yet no case has thus far been recorded to establish the fact.

The preparation used by M. Siredey is Boudin's solution, containing 1 milligram (1-65th of a grain) of arsenious acid to 1 gram (15 grains) of solvent.

M. Siredey commences, in the case of a young and moderately vig-



orous subject, with ten grams of the solution a day, well diluted, and increases the dose each day by five grams. This dose is first diluted and then taken in divided doses during the day. Should vomiting or nausea occur the quantity must be diminished. For a child of eight or ten years, from two to four grams of the solution will be sufficient to commence with, increasing it daily by two grams.

*Note by Translator.*—As the solvent in Boudin's preparation is not given, Fowler's solution may be substituted. Its equivalent dose would be twenty minims daily, increased in the above proportion.—*Med. and Sur. Rep.*

**Strong Calvanic Current in the Treatment of Sciatica.**—Dr. V. P. Gibney, of New York, read a paper on this subject. In 32 cases thus treated at the Hospital for the Ruptured and Crippled, 24 were entirely relieved, 3 moderately relieved and 5 not relieved. The currents were given daily; sixteen of the cases had had no relapses at date; several others had only slight relapses, and only four had a permanent return. Several cases were related. In one, twenty-seven cells were applied for ten minutes daily for several days, with rapid relief. The duration of the disease in the cases reported varied from a few weeks to several months.

The current should be a stabile one; the labile current is not a constant one. The speaker described the best form of battery. The current should be just as strong as the patient can bear it. The application should be given for ten minutes, or even fifteen, if possible. It should be given twice a day at first, if possible, and kept up for fifteen or twenty days. If by that time no good results ensued, it had better be discontinued. Six to ten seances may secure success. The descending current is preferable.

Dr. A. D. Rockwell, of New York, said that electricity in any form will not always cure sciatica. He cited cases cured by the faradic current.

Dr. L. D. Bulkley, of New York, referred to two cases relieved by the strong galvanic current.

Dr. Geo. M. Beard, of New York, spoke of the relative value of strong and weak currents. In whatever way electricity may be given, it will sometimes cure neuralgia. Practically, he did not find much difference in results whichever way he applied the current—although, on the whole, the positive pole is somewhat soothing, and the negative irritating. He thought that there was much value in the treatment suggested, but there was a caution needed, for he had seen cases injured by over-doses of electricity. He would never begin a treatment of sciatica with such powerful currents, but would use weaker ones at first.

Dr. Caldwell, of Baltimore, remarked that this is the largest nerve trunk outside of the bony cavities; hence, many cases of neuralgia are due to mechanical interferences, enlargements, tumors and other pressures. When no form of electricity will avail except to diagnose—and here the surgeon is the proper party to relieve this painful malady—it would be unscientific to continue electricity and palliatives indefinitely.—*Proc. Amer. Med. Asso.*

**Hypodermic Injection of Ether in Sciatica.**—I have encountered several cases of sciatica in which the usual treatment of quinine, aconite, colchicum, iodide of potassium, counter-irritation and hypodermic injections of morphia, either produced no results at all, or only temporary results. The disease would sometimes be allayed for a short time and would then manifest itself with as much or with more violence than before. The following is my experience with the hypodermic use of ether:

**CASE 1.** A large, robust man, aged forty-five years, had been subject to sciatica every spring. April 23, 1879, I introduced twenty minims of sulphuric ether, throwing it deeply into the tissues of the thigh, as near as possible to the seat of pain. The injection was followed by considerable pain, which in a few minutes subsided, and marked relief from the pain of the sciatica was also experienced. On the following day, finding him much better, but not entirely relieved, I repeated the injection, using thirty minims instead of twenty. On the third day he was on the street, and although his pain previous to this treatment had been excruciating, he has for many months been free from any trouble with the sciatic nerve.

**CASE 2.** At about the same time a neighboring doctor employed the same treatment for the relief of a male patient who had been suffering from sciatica. In this case, as in the other, pure ether was introduced without resulting inflammation or abscess.

Hereafter my practice will be to introduce twenty or thirty minims, directly over the seat of pain, or as near it as possible, and at once to apply to the part a mixture of one part of carbolic acid to two parts of glycerine. The object of this application is the prevention of possible inflammation and abscess.—DR. W. T. SPEAKER in *Chic. Med. Jour.*

**Nausea of Pregnancy—Flatulent Dyspepsia.**—Dr. Norwood, in a paper before the Lancaster County Medical Society, and published in the Medical and Surgical Reporter, July 10, 1880, says the following formula is very efficacious in nausea of pregnancy, as well as useful in flatulent dyspepsia, for which it was first suggested by Dr. Wood, U. S. D.

To make the prescription clear to the eye of the reader at a glance, we place it in regular form, as follows:

R.	Rad. columbo contus.,	
	Rad. zingiber..	“ aa..... $\bar{3}$ ss
	Fol. sennæ, .....	$\bar{3}$ j
	Aqua bullient., .....	Oj
Infus.		M.

**SIG.**—Take a wineglassful before each meal.

In some cases, attended with unusual acidity of stomach, we add half a drachm of carbonate of magnesia to the recipe. Constipation of the bowels nearly always exists in this sickness; but should the bowels, on the contrary, be relaxed, we omit the senna.

We are in the habit of prescribing two parcels of the recipe for the patient to take continuously, mixing one at a time, and making the addition of water referred. This quantity is sufficient in mild cases; of course it must be continued longer if necessary. There appears a ten-

dency on the part of the complaint to return in the course of three or four weeks after the conclusion of the first treatment. By then using one or two pints more of the infusion, the patient will be almost invariably cured of her sick stomach.

When the complaint is at all violent, it is better for the patient to take the morning dose, and afterward her breakfast, in bed, and not to rise until at least one hour after eating.

Patients rarely present themselves for treatment until they are very much exhausted from this sickness. They are weak, pale or sallow, emaciated, constipated, nervous, and express themselves as feeling wretched generally. In the columbo and ginger we have the tonic and stomachic so much needed, and in the senna the gentle laxative; all of which being combined, mildly stimulates to healthy action the disordered stomach, liver, kidneys and bowels. The bitter taste of the medicine, so objectionable at first to the patient, already so extremely nauseated, soon disappears upon the establishment of healthy digestion and return of natural appetite. The morbid mental condition of the patient clears up and disappears, as does the pale and sallow complexion.

We have been in the regular practice of administering this infusion to all cases of 'morning sickness' that have come under our charge during the last twelve years, numbering perhaps two hundred or more, and such has been our uniform success that we will remark, in closing, though the expression may appear extravagant, that we regard the columbo, ginger and senna infusion as much entitled to the character of a specific in the treatment of the sick stomach of pregnancy, as quinine is in the treatment of intermittent fever.

**Removal of the Uterus by the Extirpation of Tumors Connected with that Organ** was the title of a paper by Dr. T. Gaillard Thomas, of New York. There were three circumstances under which complete extirpation of the uterus might now be regarded as a legitimate, and often a very necessary procedure. 1. Malignant disease. 2. As an addendum to the Cæsarian section, after the method of Porro. And, 3, to render practicable the removal of tumors which took their origin in its tissues, or which arose in the ovaries, and whose attachments were too firm to be broken. It was with the third class that the present paper was concerned, which embodied the results of seven cases, in one of which the whole fundus, in another the whole body, and in five of which the entire uterus was removed. Four of the tumors demanding the operation were large, solid fibroids, with no cystic elements. One was a fibro-cyst, partly solid and partly fluid, and one a peculiar ovarian tumor which, developing between the layers of the broad ligaments, lifted the uterus entirely out of the pelvis, and made it a mere addendum to their walls. Out of the seven cases four recovered and three died. The three fatal cases were all operated on for large, solid tumors. Of the four successful ones, one was a case of solid uterine fibroid, one a case of large fibro-cyst, and two cases of ovarian cysts with large amounts of solid material in their walls. On recognizing this fact, it was to be borne in mind that a tumor susceptible of diminution of size by tapping was not so dangerous for laparotomy as one which, being entirely solid, involved the necessity of a long

abdominal incision. Dr. Gilman Kimball, of Massachusetts, has removed the uterus thirteen times (nine times for solid and four times for fibro-cystic tumors), with the excellent result of eight recoveries and five deaths. In some of his cases the whole, in others a part only, of the uterus was removed.—*Trans Amer. Med. Asso.*

**Introduction of Liquids into Eustachian Tube and Middle Ear,** Was the title of a paper by Dr. S. S. Jones, of Chicago. The attempts of Sir Astley Cooper, in 1800, by puncturing the membrane, and pushing air through the external meatus and Eustachian tube, and, later, of Horner, of Philadelphia, of Hinton and Allen, of London, induced the author to resort to one or the other means of introduction into the tube—that is by the nares or external ear. He has used liquids in this way for nine years, and is convinced of its advantage in dry, chronic, non-suppurative inflammation of the middle ear. Dr. Jones reverses Horner's method of procedure, and introduces liquids through the Eustachian catheter into the tube. The tube is thus more easily dilated, and will finally better admit air. He has abandoned bougies as dilators. He argues from the benefit derived by proper applications to the post-nasal cavity and pharyngeal vault a similar benefit from the local contact of fluids of proper temperature to the Eustachian tube or cavity of the middle ear. The bad influence of sea-bathing upon the middle ear has been over-estimated. As naval surgeon in the war of 1861-65, he noticed less acute inflammation of the middle ear when the temperature allowed sea-bathing on the part of the sailors, than when the thermometer was so low as to prevent it. Dr. Jones advised slightly saline tubal injections on account of their better tolerance than pure water, or weak solutions of borax, chlorate of potash, etc. Its temperature showed 60° at blood heat; no force should be used, and the quantity should be regulated by the amount of effect desired. The comfort of the patient, and the subsequent improvement in hearing operate as warrants for the continuance of the practice.—*Tr. Amer. Med. Asso.*

**Phosphate of Bismuth.**—M. Tedenat recommends, in Montpellier Medical, the employment of phosphate of bismuth in preference to the subnitrate. The anti-diarrhœal action of phosphate of bismuth is manifested in the same way as the subnitrate. In consequence, however, of its greater insolubility, the phosphate acts in rather weaker doses, especially in gastric affections. Notwithstanding the acidity of the gastric fluids, it is not in the slightest degree affected, which is but natural, since it resists strong acids, even in a concentrated form. The phosphate acts in somewhat smaller doses than the subnitrate, and the difference in activity is sufficiently great to create a superiority, from this point of view, in favor of the phosphate. The doses are likewise varied, according to the nature of the case. They are usually about from one to two grams. The mode of administration is absolutely identical with that of the subnitrate. With infants it suffices to place the desired quantity on the tongue, and to offer the breast or bottle. The salt is easily conveyed into the stomach, and it is possible by this means to administer large doses. Adults take this drug suspended in some liquid. In many cases some advantage is found in making it

into sweetmeats and pastilles of about one or two grams. They become disintegrated in the mouth, and the phosphate is gradually conveyed into the stomach without the patient having been able to perceive the presence of an insoluble salt in the mouth.—*Med. and Sur. Reporter.*

**Successful Treatment of Imperforate Anus.**—Sunday, December 1st, 1879, says Dr. Geo. W. King, in *Mich. Med. News*, I was called to see a child a few hours old, the midwife in attendance having discovered something wrong with it. Upon examination I found it to be a case of imperforate anus. Perineum was smooth, and without a trace of the anal aperture. The child—a male—was, with this exception, well developed and in good condition, but seemed to be suffering acutely from the intestinal obstruction. The parents insisting that an attempt must be made to relieve the child, I decided to make an exploratory incision to determine the location and condition of the rectum if present. After emptying the bladder by pressure above the pubis, I made an incision of about one inch and a-half in length in middle line, beginning a little in front of coccyx; then by a careful dissection separated the tissues to the depth of one inch, at which point the rectum was found to end in a *cul-de-sac*. The intestines being distended with meconium, I punctured the sac with a trochar, and a free discharge of its contents followed; enlarging the opening by a crucial incision, and clearing the cavity, the next step in the operation consisted in bringing down the bowel and fastening its mucous membrane to the edges of the external wound by means of sutures. This proceeding was accomplished without difficulty; the hemorrhage was free, but easily controlled by torsion and cold compress. The case progressed well, and the union has been rapid. The treatment consisted in keeping the orifice dilated with a plug of oiled cotton, and the introduction of a bougie occasionally.—*Mich. Med. News.*

**Catarrh of the Bladder in Old People.**—The important practical point in relation to treatment is first to ascertain the occasion of the local catarrh. In nine out of ten of these cases it consists in inability, often only to a slight extent, on the part of the patient to empty the bladder completely. The universally acknowledged cause, hypertrophy of the prostate, is, of course, the first in order of frequency. But after this are others not infrequent. Defective action may be due, first, to simple atony, the result of past habitual or occasional over-distension of the bladder with urine; secondly, to thickened and incompetent muscular paralysis of the bladder after chronic inflammation, sometimes associated with old stricture; thirdly, to defective innervation seen in connection with other slight signs of impaired function in a nervous centre, the last being, of course, the most serious of all, in its nature and probable results.

In all of these, local treatment, by carefully removing all the secretion by means of a soft catheter two or three times a day, perhaps aided by gently washing out the remainder, is the chief efficient remedy. Remember that this incompetence of the bladder is always to be sought for by physical examination; no other form of evidence in relation to it, as the patient's sensation, etc., is to be accepted as trustworthy. The introduction of a soft catheter immediately after the patient has passed

water by his natural efforts, is the only test, and it should be applied on two or three occasions before arriving at a definite conclusion. The casual relation between the group of symptoms enumerated at the outset, and the defective function described, is far more common than it is generally supposed to be. It is on this account, therefore, that I have asked your attention specially to the subject.—Sir Henry Thompson in *London Lancet*.

**Medical Uses of Carbolic Acid.**—The diseases in which carbolic acid is especially useful are :

1. All that class of local festering, pustulating diseases of the skin which are at once so common and so difficult to cure. They include all kinds of pustules, boils and carbuncle; sycosis, pustular, acne and festering ringworm.
2. Such strumous sores (especially of the neck) as come under the care of the physician.
3. Excoriations of the os and canal of the cervix uteri.
4. Phthisis in its second and third stages, and cases of bronchitis accompanied with more or less purulent expectoration.

In order to be effective the carbolic acid must be brought into contact with the part to be acted on, and in many cases where it has been found ineffective the failure has been due to a neglect to insure this contact. In the pustulating and suppurating diseases of the skin it is never sufficient to apply the solution of the acid, of whatever strength, upon or to the outside of the skin. It must always be introduced into the interior of the sore or pustule itself, and so as to come sufficiently in contact with every part of the diseased surface.

All cases of boils and carbuncles in their earlier stages can be absolutely aborted and cured, whilst even in later stages their further increase can be almost surely prevented. For this purpose a very strong glycerine solution should be employed, and it is best conveyed into the interior of the pustule, boil or suppurating spot by a new quill pen dipped into the solution, and introduced by a rotatory motion through its apex, where a sufficient aperture will generally be found. In carbuncles, which are necessarily larger, and have often several openings, several such introductions may be necessary, or, at a later period, threads of lint soaked in the fluid may be passed with a probe well into all the sieve-like openings. Occasionally, as when the mass is large and solid, a watery solution of the acid may be injected with a hypodermic syringe into various parts of the hardened growth. The same plan of treatment is often quite effective in cases of sycosis, pustular acne and festering ringworm.—Dr. E. P. Eade, in *Lancet*.

**Wickersheimer's Preservative Fluid for Animal Substances**, was the title of a paper by Dr. E. Gruening, of New York. The Prussian government, a few months ago, bought and published the following formula: To 3,000 parts of boiling water put 100 parts of alum, 25 parts of common salt, 12 parts of saltpetre, 60 parts of carb. of potash, 10 parts of arsenious acid. Cool and filter, and add to 10 parts of this solution, 4 parts of glycerine and 1 part of methylic alcohol. In the *Centralblatt f. dei med. Wissenschaften* for January, 1880, Dr. Boesicke states that the formula published by the Russian govern-

ment contains two errors. He obtained a different formula directly from Wickersheimer, in which, instead of 10 parts of arsenious acid and 1 part of methylic alcohol, there should be 20 parts of the acid and 4 parts of methylic alcohol. The government formula is slightly opalescent, while that of Boersicke is perfectly clear. The first preserves the refractive media of the eye, while the second does not. A small, soft eye, which had lain three months in the government fluid, shows the same depth of anterior chamber, a clear cornea and an unchanged blue iris. The glioma retinae, for which the eye was removed, can still be diagnosed by the naked eye. An albinotic rabbit's eye having laid in the formula the same length of time, shows the media clear, and gives the pink reflex. With the Boersicke mixture preservation is less perfect; the lens becomes opaque in a few hours, and the cornea dim after a few days, as if it had been placed in absolute alcohol.—*Va. Med. Monthly.*

### **Chloral Hydrate in Acute Gastro-Enteritis of Children.**

—Prof. Adolphe Kjellberg finds that there is no medicine which is of so much use as chloral in checking the vomiting in acute gastro-enteritis of children. Being rapidly absorbed, it stops the vomiting, calms the patient, and often checks the diarrhoea.

It is best given by enema, so as not to risk its rejection by the irritable stomach. It should be given soon after the bowels have been moved. The dose for a child of from five to six months is twenty-five to thirty centigrams (three and a half to four grains), while to a child of from twelve to fifteen months fifty to sixty centigrams (seven to eight and a half grains), may be given. The bulk of the injection should not exceed a dessertspoonful. The enemata may be repeated two or three times daily, and the dose may be increased if it is found necessary. In order to increase the effect of the chloral the author generally adds to each enema a drop of tinct. opii. and, if stimulants be indicated, five to fifteen drops of liq. Hoffman. At the same time other remedies are not neglected—iced water or cognac or champagne for the vomiting, opium for the diarrhoea, hot mustard baths for albuminuria should it occur, stimulants for collapse, etc.—*Amer. Practitioner.*

**Ether and Chloroform.**—The irresistible argument, as to the merits of the two anæsthetics, is the result of later studies of statistics. From these we learn that chloroform destroys one person out of every twenty-five hundred and four.

An analysis of the cases of deaths from ether upon which these statistics are based, show that more than one-half of them are fairly attributable to other causes than the anæsthetic, and when we consider how carelessly it is often administered, these results almost justify us in considering it an absolutely safe anæsthetic.

With chloroform, on the contrary, we are fully satisfied that no amount of care or precaution, or mode of administration, or amount inhaled, will prevent, in certain cases, the fatal result. In the light of this experience, and in the face of these facts, is any physician justified in resorting to the use of chloroform in ordinary cases? That there are exceptional cases in which it is the better agent, we admit; but we hold that the physician assumes a solemn responsibility who

selects the more dangerous anæsthetic only because more convenient in some respects to give, and pleasanter for the patient to take, and thus unnecessarily subjects his patient to a risk, however small, of losing his life.—*Buffalo Med. and Surg. Journal.*

**Action of Various Diuretics.**—Dr. Maurel gives the result of his experiments (*Bulletin General de Therapeutique*) as follows :

1. Nitrate of potassium, uncertain as to the quantity of liquid, augments the solid material of the urine to a notable degree. The most active doses are a drachm to a drachm and a half.

2. Chlorate of potassium, less active with respect to the augmentation of solids, increases the fluids of the urine to a greater degree.

3. Acetate of potassium is uncertain, as to the quantity of both solids and fluids.

4. Iodide of potassium, far from being a diuretic, even seems to diminish the quantity of urine.

5. Salicylate of sodium, uncertain as to the quantity of liquid, increases the solid constituents of the urine.

6. Of three vegetable substances experimented upon—squill, colchicum and digitalis—the latter alone is a real diuretic. It augments at the same time the quantity of both solids and fluids. Dr. Maurel gives it as his opinion that no diuretic acts when the system is in a febrile condition ; this must be modified before diuresis can occur.—*Buffalo Med. and Surg. Journal.*

**Magnet for the Removal of Particles of Steel and Iron from the Interior of the Eye.**—McCuen first published a notice of removal of metallic bodies in 1874, with a magnet ; but Hirschberg first actually employed a magnet for such purposes. Hirschberg's apparatus was a cylinder, the ends of which were drawn out and connected with wires that formed its positive and negative poles. The amount of magnetic polarity was, however, insufficient, and, in addition, a generating apparatus was demanded. Dr. E. Gruening, of N. Y., exhibited a magnet. His idea was to have a permanent battery. His instrument consists of an armature of six parallel cylinders, magnetized, one end of the bundle of cylinders being furnished with a tapering needle, about 22 mm. long. In his first experiments, upon pigs' eyes, Dr. G. broke all the needles. Two magnets, or "magazines," were presented, the larger being less highly magnetized than the smaller one. The latter carries the weight of two steel keys and ring, about 28 grammes. The better instrument was better made by Reynders, of New York.—*Va. Med. Monthly.*

**New Operation for Prolapsus Uteri.**—A radical operation of a novel character for the relief of prolapsus uteri, has been originated by Lefort, of Paris. It consists in uniting the anterior and posterior vaginal walls along their mesial lines, so as to make two vaginas instead of one. After the operation the two vaginas lie in lateral proximity like a double-barrelled shot-gun. The surfaces freshened are about half an inch wide and two inches long, and are held in position by sutures. The operation is said to be not difficult of performance, and quite successful in preventing prolapse.—*Western Lancet.*



**Oophorectomy.**—One hundred and thirty cases of what is commonly known as Battey's operation are on record, of which Prof. A. Hegar, of Freiburg, reports forty-two. Of these one hundred and thirty, one hundred and nine have been performed by laparotomy and twenty-one by elytrotomy. The average mortality in the total number of cases has been about twenty per cent., the cases by elytrotomy showing a percentage of recoveries slightly more favorable than those from laparotomy. Although this operation may still be regarded as sub judice, the results seem to indicate that it is of value. In certain classes of cases, notably those of hystero-epilepsy, in which the prognosis without Battey's operation would be hopeless, the operation has been followed by favorable results in a sufficient number of cases to render its performance admissible.—*Chicago Med. Review.*

**Hypodermic Injections of Ergotine in Prolapsus of the Rectum.**—According to M. Vidal, in *Bulletin de l'Académie de Médecine*, prolapsus of the rectum may be readily cured, and in a comparatively short time, by hypodermic injections of ergotine. By this new method, Vidal has succeeded in curing three adult cases, of which he gives the details. He used (gr. xv) one gram of Bonjean's extract of ergot or ergotine in (5jss) five grams of cherry laurel water. Each injection consisted of fifteen to twenty drops (exceptionally 25), which is equivalent to twenty or twenty-five centigrams of ergotine; or, in other words, to the extract of a gram and a half to three grams of ergot. None of the injections were followed by inflammation or abscess. Bonjean's ergotine causes a rather sharp, burning pain; the solution of iron is much better tolerated. In the future the author will give preference to the latter.—*Med. Journal and Examiner.*

**Iodide of Potassium in Cough.**—Dr. John M. Shaller, in the Cincinnati Lancet and Clinic reports a case in which the administration of iodide of potassium, in combination with morphia, for the relief of troublesome cough in a phthisical patient, produced all the symptoms of a severe coryza which were succeeded, after the third dose, by violent delirium lasting about three hours. The coryza continued for forty-eight hours, finally passing away during the continued administration of the remedy.

The amount of the iodide which caused the delirium was only about twelve grains.

**For Removing Nitrate of Silver Stains,** Dr. Kraetzer recommends, in *Archives de Pharmacie*, a solution of 10 parts of corrosive sublimate dissolved in 100 parts of water. This liquid is said to remove stains from the hands, linen, wool or cotton without injuring the fabric. It is said to act much more promptly than cyanide of potassium.

**Hemorrhoids Treated with Capsicum.**—In cases of hemorrhoidal congestion, Vidal regards capsicum annum as the best remedy. He prescribes four or five pills daily, each containing 20 centigrams, half at breakfast time and half at supper time. Under this influence the congestion and all the painful symptoms which accompany it disappear rapidly.—*Journal de Médecine.*

## SCIENTIFIC ITEMS.

**Wormlike Derivatives from Blood Corpuscles.**—This very curious observation has recently been made by Dr. Gaule. To what this discovery may ultimately lead, it is impossible to say. Dr. Gaule gives the following directions in order to observe the phenomenon, which are easily fulfilled :

Since animals in captivity do not answer, decapitate a freshly caught, lively frog, and catch the blood in a glass stoppered bottle containing some mercury and about 5 cubic centimeters of a solution of salt (6 per cent.) The blood is now defibrinated by shaking it with the mercury, and hereupon a drop is placed upon the warm stage, the thermometer of which shows 30° to 32° C. These conditions may be varied to some extent, though with more risk of failure.

On watching this blood while warm, there appears in a blood corpuscle on the side of the nucleus, a rod-shaped body, containing some striæ, which higher lenses prove to be minute globules. This little rod is about one-half the length of the corpuscle, with tapering ends, its body showing a bluish lustre. It begins to raise itself out of the corpuscle, twists about and finally leaves it.

When once liberated, it looks, in the words of the author, more like a "little worm" than anything else. It now begins to shoot about, rushing towards other corpuscles and apparently playing with them. It is evidently "sticky" since corpuscles and other microscopic objects adhere to it.

After continuing to "play" for some minutes, these little worms finally lose their mobility and distinctness, and ultimately disappear, apparently by dissolving in the serum.

The number of corpuscles giving birth to these worms varies; under favorable circumstances nearly all participate. The corpuscles themselves undergo some changes in shape and appearance and finally disappear like their derivatives.

While admitting the puzzling and as yet inexplicable nature of the phenomenon, Gaule considers the worm "to represent the original protoplasm of the corpuscle." In this connection reference is made to an article by Prof. R. Arndt on the red corpuscles, in which that writer throws out the suggestion that the spirilæ found in the blood of relapsing fever are but derivatives of the red corpuscles. He adduces, however, merely ingenious "circumstantial evidence," but no direct proof.—*Chic. Med. Review.*

**Dynamite for Stumps.**—A correspondent of an English agricultural journal gives the following account of his use of dynamite for removing stumps of trees felled in a park at Mentmore, Bucks, in order to improve the landscape and leave more room for the rest of the trees to develop themselves :

The only tools required are an earth auger, which is similar to an old-fashioned wood auger, 2 inches diameter at the bit end, about 4 feet long, and fitted with a slightly hollowed shield or cap, which the man fits against his chest when boring (this is used for boring holes between the fangs), a crow-bar, a grafting and a stock axe.

Suppose a large root is to be removed out of the ground : a hole is

made with the earth auger between two of the strongest fangs; this is put in at an angle, so that the bottom of the hole is as near under the center of the root as is possible. The hole is then charged with a few cartridges of dynamite, according to the size and strength of the root; a primer cartridge, containing cap and fuse, is then inserted on the top of the charge, and the whole rammed down with loose earth by a wooden rammer. The end of the fuse is then lighted; this explodes the cap, and that in its turn the dynamite, and the whole mass is usually blown out, breaking the root into convenient pieces for loading up or burning. The fuse is cut off at convenient length so as to allow the workmen to get out of danger, which is usually from 50 to 100 yards, according to the strength of the charge.

After the charge has exploded, seldom anything remains but a large hole, much resembling the bed of a boiler. I took particular notice that no damage whatever was done to the surrounding trees. We had nearly 400 roots got out by this process, and with two of our common laboring men, with one man sent by the agents of the Dynamite Company, we have been able to remove from twenty-five to thirty per day of roots averaging from a foot and a half to four feet and a half in diameter. I find from careful calculations made that we have been enabled to remove the roots in a far more expeditious manner than hitherto, and at from 50 to 60 per cent. less cost.

No one need be prevented from using dynamite on the score of its being dangerous, for with ordinary care it is, in my opinion, as safe to use as gunpowder.—*Journal of Chemistry*.

**Light and Heat.**—If a piece of wood be placed in a decanter of water, and the focus of a large burning glass be thrown upon it, the wood will be completely charred, though the sides of the decanter through which the rays pass will not be cracked, nor in any way affected, nor the water perceptibly warmed. If the wood be taken out, and the rays be thrown on the water, neither the vessel nor its contents will be in the least affected; but if a piece of metal be put into the water, it soon becomes too hot to be touched, and the water will presently boil. Though pure water alone, contained in a transparent vessel, cannot be heated, yet, if by a little ink it may be made of a dark color, or the vessel itself be blackened, the effect will speedily take place.—*Young Scientist*.

**Seeing by Telegraph.**—We read in the Times of a novel and startling addition to telegraphic possibilities, viz., seeing by telegraph. By means of a lens, an image of the object is thrown upon a receiving plate. This is built up of a series of thermopile elements grooved anteriorly to an even surface and connected by their posterior ends with a series of wires which transmit the electric currents generated by the reception of the image to a similar series of elements in a second plate at a distance. In this second plate the electric currents create changes exactly corresponding to those produced by the image in the receiving plate.

The close analogy between this apparatus and the rods and cones of the retina and the fibres of the optic nerve is obvious.—*Brit. Medical Journal*.

## PRACTICAL NOTES AND FORMULÆ.

**Salicylate of Potash.**—Salicylate of potash is recommended for rheumatism by Dr. Donnelly in the N. Y. Medical Record. His prescription is as follows :

R	Acid salicylic.....	3 ij
	Potass. bicarbon.....	3 vi
	Aquæ.....	3 ij

Dose, a teaspoonful every three hours.

He says : The rapidity of action of this combination is remarkable. Its absorption seems to be immediate; the patient will speak of the speedy relief he experiences; the blood is restored to its natural alkalinity, as seen by the diminished acidity of the perspiration and urine; the brick-dust sediment in the latter disappears, the pain and swelling soon subside, and the metastatic character of the disease is lost.

### Remedies for Asthma.—

R	Iodide of potassium.....	3 j
	Tinct. of bloodroot.....	½ ounce.
	Brown mixture.....	3 ½ ounces.

Mix. Dose, tablespoonful three times a day.

Or :

R	Tinc. of lobelia.....	2 drachms.
	Syrup of squills.....	½ ounce.
	Syrup of wild cherry.....	½ ounce.
	Brown mixture.....	3 ounces.

Mix. Dose, tablespoonful often enough to slightly nauseate whenever asthma is threatened.

Or :

R	Tinc. of asafoetida.....	3 drachms.
	Tinc. of lobelia.....	1 drachm.
	Tinc. of gelsemium.....	1 drachm.

Mix. Dose, forty drops, repeated in two hours if needed, then thirty drops three times a day until a suspension of the remedy is indicated.—*Chicago Med. Times.*

**Tonic Wine.**—We find the following in the London Chemist and Druggist :

R	Ext. carnis.....	1 oz.
	Ferri citras.....	96 grains.
	Sherry wine.....	16 oz.
	Syr. aurantil.....	2 oz.
	Aq. flor. aurantil, q. s. ad 24 oz.	

Dissolve the extract in 4 oz. of aqua flor. aurant.; add the other ingredients, and filter.—*Boston Journal of Chemistry.*

**The Diagnosis of Rotheln.**—W. Gilchrist Burnie, M. R. C. S., states, in the British Medical Journal, June 5, 1880, that a diagnosis of rotheln may be made from measles, by observing the following points: 1. The rash is more vivid and in smaller patches, the patches not being markedly crescentic. 2. There is no coryza nor cough. 3. There are sore throat and strawberry tongue. From scarlet fever the points of diagnosis are these: 1. The rash is in patches and less red. 2. Neither tonsils nor cervical glands are much affected. 3. The temperature rarely exceeds 102° Fahr. 4. The illness is of short duration (rarely lasting a week) and mild. 5. The patient does not affect others with scarlet fever and albumen is absent from the urine. Desquamation occurs about the fifth or sixth day, and it is sometimes profuse. In conclusion, I would say that I cannot but think it would be a great benefit to medicine if rotheln were, once and for all, recognized as quite a distinct disease.—*Med. and Sur. Rep.*

**Nervous Dyspepsia.**—Dr. Myers writes to the Virginia Medical Monthly: I cannot speak too highly of the following preparation which I have employed, with the happiest results, in those cases of nervous dyspepsia the result of cerebral hyperemia.

R Bromid. sodium..... ʒj.  
 Ext. ergot, fluid. (Tilden's)..... ʒij.  
 Pepsin (saccharated)  
 Pulv. carbo lignis.....aa ʒij.  
 Aqua ..... ʒij.

M. fiat mistura. Dose, a teaspoonful every three or four hours.

It contracts the cerebral vessels to their ordinary size, thereby relieving gastric derangement, etc. If constipation exists, I employ, as a purgative, the combination of ox gall and ext. aloes aa grs. xv., podophyllin, grs. ij, made into five pills, of which one is given every night, or every other night, as the case may require.—*Cin. Med. News.*

**Rheumatism.**—A writer in Journal of Materia Medica recommends the following for rheumatism:

R Fl. ext. manaca..... ʒij  
 Elixir simplis, ad..... ʒij

Dose, a teaspoonful three times daily.

As an adjuvant I prescribe a very stimulating liniment to be rubbed on the affected part for half an hour three times daily. This constitutes my treatment. I have had fifty cases under my care and have not failed to cure one.

**Ergot in Pharyngitis.**—In chronic pharyngitis, where the blood vessels of the pharynx are enlarged and tortuous and the secretion moderate, the following is recommended:

R Ergotin ..... gr. xx  
 Tinc. iodine..... fl. ʒj  
 Glycerin ..... fl. ʒij M

Sig. Apply to the pharynx freely twice daily with a camel's-hair brush.—*Ohio Med. Reporter.*

**Thymic Acid Mixture for Diphtheria.**—I have, for the last few years, been using the following medicine in all of my cases of diphtheria and diphtheritic sore throats, with a success that I never obtained with any other form of medication. I have used it in those cases where heretofore I have failed and lost my patients with the usual remedies, such as tincture of iron, quinine, etc., generally in use for this distressing disease :

R. Glycerine..... $\bar{3}$  ij  
 Thymic acid.....gr. iv to vj  
 Chlorate of potash..... $\bar{3}$  liiss  
 Bi-sulph. quinine..... $\bar{3}$  ss to  $\bar{3}$  j  
 Brandy (very old)..... $\bar{3}$  vj M.

Sig: To a child from 2 years up to 5, a teaspoonful every hour or two, according to the urgency of the disease. Increase the dose from this age upwards to  $\bar{3}$  iv. Let the patient take it without any water if possible, as by so doing he will get the stimulating effect on the throat, and thus avoid the use of anything for a gargle.

For atomizing the throat, I use the following formula :

R. Glycerine..... $\bar{3}$  j  
 Thymic acid.....gr. vi to x.  
 Borate of soda..... $\bar{3}$  iv  
 Camphor water..... $\bar{3}$  ij  
 Tur water..... $\bar{3}$  v M. Filter.

*Dr. Warren in Va. Med. Jour.*

**Formula in Gonorrhœa.**—Dr. Herbert L. Snow publishes, in the British Medical Journal, April 17, 1880, the following formula, which in his hands has proved of great service, and which is not particularly unpalatable :

R. Ol. copaibæ  
 Ol. cubebæ.....aa  $\bar{3}$  ij  
 Liquor potassæ..... $\bar{3}$  liiss  
 Tinct. aurantii..... $\bar{3}$  ij  
 Syrupi simplicis..... $\bar{3}$  ij  
 Aq. menth. plp., q. s. ad..... $\bar{3}$  viij M.

Sig.—Two tablespoonfuls three times daily.

As an injection, he regards the liquor potassæ permanganatis ( $\bar{3}$  iij ad aquæ  $\bar{3}$  vj) as by far the best injection, and it has the great advantage of being serviceable all through the acute stage of gonorrhœa. It should be used very frequently; and subsequently, a little zinc sulphate may be added, with benefit.—*N. Y. Med. Rec.*

#### **Anodyne Mixture.—**

R Brom. potass..... $\bar{3}$  ij  
 Hoffman anodyne..... $\bar{3}$  j  
 Camph. water..... $\bar{3}$  iiss M

Dose, one tablespoonful.

Excellent in hysterical and nervous conditions.

In **Dyspeptic Constipation**, and especially where the person has suffered from malarial poisoning, I have used the following with the most gratifying results :

R. Ext. berberis aquifol. fluidi.

" cascara sagradae " ..... aa ʒj

" œnothera biennis fl. .... ʒjss

Syr. sennæ comp. .... ʒiijss

M. Sig.—A teaspoonful three or four times a day, according to effect on the bowels. The syrup sennæ should be hot when mixed with the extracts.

A very obstinate case of eczema capitis yielded to the following :

R. Ext. berberis aq. fl. .... ʒss

Syr. rhei tr. .... ʒij

M. Sig.—A teaspoonful ter in die.

Locally,

R. Goa powder. .... grs. xv

Vaseline ..... ʒss

M. Apply morning and evening, washing off with solution of borax once daily. The patient, æt. 10 months, presented the worst case of the disease I ever saw. It was entirely well in less than three weeks.

*Eucalyptus Globulus*.—I have used in many cases of bronchial catarrh, as well as in malarial fevers, with the happiest results. I have treated a number of cases of malarial fever, with typhoid symptoms, with eucalyptus alone, without losing a patient.—*Therapeutic Gazette*.

**Treatment of Poisoning by Rhus Toxicodendron.**—Dr. H. L. Judd, of Illinois, writes : My treatment, for a number of years, for poisoning by rhus toxicodendron, and which has been very satisfactory, is as follows :

Give quinine internally from grs. xv to grs. xxx for twenty-four hours, according to amount of constitutional disturbance and extent of eruption.

Use as a local application, spread on thin pieces of cloth :

R. Ung. zinci oxide. .... ʒij

Liq. plumbi sub. .... ʒij

Sig.—Apply twice daily.

The application of the above ointment is very grateful to patients, and allays the irritation and consequent burning sensation better than any remedy that I have used. It requires about two days to effect a cure.

**Lactopeptine in Cholera Infantum.**—In a case of extreme emaciation resulting from cholera infantum, in which all other remedies had failed, and death seemed inevitable, the child rapidly recovered under the following treatment :

R. Lactopeptine. .... gr. v

Valentine meat juice. .... ʒj M

Sig.—Give four times a day.

In addition to this a little milk pap was occasionally allowed, to which also the lactopeptine was added.




## EDITORIAL AND MISCELLANEOUS.

*Receipts* will appear in our next.

 Subscribers who have not done so will please send up their dues.

*College Notices.*—Read the advertisement of the Medical College at New Orleans in the present issue.

 See advertisement of *Southern Medical College*, Atlanta, Ga. In writing to this Institution address Dr. R. C. Word, Dean, as there are three schools in the city, and mistakes are frequently made.

*Three Terms.*—The American Medical College Association have adopted the three terms requirement to take effect at the session of 1882. And most if not all the schools, it is supposed, will adopt the measure.

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### RESIGNATIONS AND CHANGES.

*Dr. Lindsay Johnson* has resigned his place as Demonstrator of Anatomy and Lecturer on Minor Surgery in the Southern Medical College.

*Dr. James A. Gray* resigned his position in the Atlanta Medical College (the old school) and has been appointed Demonstrator of Anatomy and Auxiliary Professor of the "Principles and Practice of Surgery" in the Southern Medical College (the new school). Dr. Gray is able and well qualified for the duties assigned him.

*Dr. John Thad. Johnson* resigned his professorship in the old school and has accepted the Chair of the "Principles and Practice of Surgery" in the Southern Medical College, Atlanta. Dr. Johnson was for many years Dean of the Faculty and Prof. of Anatomy in the other school. He is an able lecturer and eminently fitted for the Chair which he has chosen in the new school.

*Dr. G. G. Crawford* will continue as heretofore in the chair of "Operative and Clinical Surgery." He is a fine operator.

*Dr. G. G. Roy* has been elected to the Chair of "Materia Medica" in place of Dr. G. M. McDowell, resigned. He is competent and will devote himself with zeal and energy to the position assigned him.

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### OUR JOURNAL.

The present number of our Journal will visit many medical men not subscribers. We respectfully ask them to consider the claims of this Journal to their support. For ten years the editors have labored hard and expended much to establish a practical and useful Medical Journal in the interest of the profession, and as the organ of the busy practitioners throughout the country. The size and plan of the JOURNAL are such as experience has shown to be the best for the majority of medical men, furnishing in a compact form the largest possible amount of information for the least possible amount of cost. We have secured a large list of subscribers, and have received from them abundant evidence of approval as to the conduct and practical usefulness of our Journal. Yet there are thousands of medical men who do not take a Journal, and who seem to feel no interest in developing the medical literature of their section, or in keeping pace with the progress of their profession. There are du-



ties which we owe to ourselves as true and conscientious men, and to our patrons, who have a right to expect the practitioner to know and to give them the benefit of the latest and best that is known to the profession.

Every true and honorable physician must see and acknowledge the truth of what we have said on this point. Every practitioner should take and read at least one good Medical Journal; and if only one, let that be one in his own section, as duty begins at home. And he should not only take it, but contribute as far as he may be able to its pages any useful and practical information which may be discovered or developed in his experience as a practitioner.

Without further argument upon what must be manifest to every reflecting and intelligent practitioner touching his duty in this matter, we kindly and earnestly appeal to every one who reads this article to subscribe for our Journal, and unite with us in our efforts to sustain a useful and good enterprise, to benefit the profession and to push forward the car of medical progress in our section. Send on your names for 6 or 12 months, payable on reception of the first number. The volume begins with January number, but may commence at any time. See club rates, terms, &c. on title page of JOURNAL.

### BOOK NOTICES.

**HOMEOPATHY—WHAT IS IT?** A statement and review of its doctrines and practice by A. B. Palmer, M.D., Prof. of Pathology and Practice of Medicine and Surgery in the University of Michigan, etc.: Detroit, Geo. S. Davis, Medical Publisher.

A work of 104 octavo pages, neatly gotten up.

"The work as now presented, says the author, is the result of a careful and candid examination of the essential doctrines of Homeopathy as taught by its founder and authoritative expounders, and is a condensed statement of these doctrines. A great many practitioners throughout the country doubtless desire correct information on this subject, and will gladly welcome Dr. Palmer's timely and valuable book.

**HEALTH AND HEALTHY HOMES:** A Guide to Domestic Hygiene, by Geo. Wilson, M. A. M. D., Medical Officer of Health for Mid-Warwickshire sanitary district and Author of Handbook of Hygiene and Sanitary Science (fourth edition), with notes and additions by J. G. Richardson, M. D., Professor of Hygiene in the University of Pennsylvania, etc., etc. Philadelphia, Pressley Blakiston, 1012 Walnut St., 1880.

This is a neatly gotten up book of 314 pages. The work is instructive and interesting, and treats of a subject too little understood and too much neglected. It will well repay perusal.

**PATHOGENETIC OUTLINES OF HOMEOPATHIC DRUGS,** by Dr. Med. Carl Hemecke, of Leipzig. Translated from the German by Emil Tietze, M. D., of Philadelphia. Boericke & Tafel, New York, 145 Grant St. Philadelphia, 635 Arch St., 1880.

A work of 375 pages octavo, neatly printed. It is well for the regular physician to be posted upon all subjects. It is due to the Homeopathist to give him a fair hearing and to examine his theory as proclaimed by himself in his standard works. The author in the work before us proposes to give us the "essential outlines of the homeopathic method of cure, in order to meet various erroneous opinions regarding homeopathy, which are promulgated both among physicians and laymen." A repertory is added "presenting to the reader a group of remedies standing in specific relation to certain organs and tissue-systems, and to direct the attention to the comparison of the characteristic features of a definite category of drugs," &c.

**A TREATISE ON FOREIGN BODIES IN SURGICAL PRACTICE**, by Alfred Poulet, M. D., Ajt. Surg-Maj., Inspector of the School for Medicine at Val-DeGrace. Vol. II., pp. 320. New York, Wm. Wood & Co., 27 Great Jones St.

This is the second volume of a work previously noticed, and is exceedingly useful and practical, treating of foreign bodies in the air passages—the urinary passages, male and female; in the uterus, in the ear, in the nose, etc.

**A HAND-BOOK OF PHYSICAL DIAGNOSIS**: Comprising the Throat, Thorax and Abdomen, by Dr. Paul Guttman, Private Docent in Medicine, University of Berlin. Translated from the third German Edition by Alexander Napier, M.D., Fel. Fac. Phys. and Surg., Glasgow: with a Colored Plate and Eighty-nine Fine Wood Engravings. New York, Wm. Wood & Co., 27 Great Jones St., 1880.

A valuable, interesting and instructive work of 335 octavo pages, upon a department little understood by the large majority of general practitioners, as it "presents a concise description of the various methods pursued in the chemical examinations of the thoracic and abdominal organs in health and disease, and an estimate of the diagnostic value of the results so obtained. The examination of the larynx is treated of in an appendix."

**ELEMENTARY PRINCIPLES OF SCIENTIFIC AGRICULTURE**, by N. L. Lupton, L.L.D., Prof. of Chemistry in Vanderbilt University, Nashville, Tenn. New York, D. Appleton & Co., 1, 3 & 5, Bond St., 1880.

This is an instructive and interesting work, imparting useful information in the improvement of soils, scientific agriculture, &c. It will well repay perusal.

**INTERESTING EXERCISES IN QUALITATIVE ANALYSES**: for Ordinary Schools, by Geo. W. Rains, M.D., Prof. Chemistry and Pharmacy in the Medical Department of the University of Georgia, and Instructor of Natural Science in the Richmond Academy, Augusta. New York, D. Appleton & Co., 1880.

"This work," the author remarks, "is designed to impart interest to the study of chemistry, &c., and will be found serviceable to medical students, druggists and physicians, enabling them, in many cases, by a speedy and simple process, to determine those salts and medicines which may have lost their labels. It is just the book for young amateurs."

**THE POPULAR SCIENCE MONTHLY**: Conducted by E. L. & W. J. Youmans. \$5 per annum; 50 cents per number. Volumes begin May and November each year. Subscriptions may begin at any time. D. Appleton & Co., New York.

Contains instructive and interesting articles and abstracts of articles, original, selected, and illustrated, from the pens of the leading scientific men of different countries; accounts of important scientific discoveries; the application of science to the practical arts; the latest views put forth concerning natural phenomena, by savants of the highest authority.

**PRACTITIONERS' REFERENCE BOOK**: by Richard J. Dunglison, A. M. D., Editor Dunglison's Medical Dictionary, Secretary of the American Academy of Medicine, etc. Second edition, revised and enlarged. Philadelphia, Lindsay & Blakiston, 1880.

The edition of this very useful work here presented is much enlarged and improved, containing 475 octavo pages. As a work of reference and ready information upon a thousand items which a doctor needs to know, it is exceedingly reliable, and should be in the library of every physician.

**LUCIE CODEY: A Novel**, by Henry Greville, Author of "Dosia," "Marrying Off a Daughter," Savill's Expectation," etc. Translated by Mary Neal Sherwood. Philadelphia, T. B. Peterson & Bros. Price 50 cents.

The above has been kindly sent us by the publishers for review. We are glad to receive books of any kind, but a medical journal cannot usually devote space for a review to other than medical and scientific works. We will, however, give title page and, perhaps, brief notice to any work sent to our office. Peterson & Bros. are extensive dealers in books, including novels, poems and standard works of the best authors.

**THE MANAGEMENT OF CHILDREN IN SICKNESS AND IN HEALTH: A Book for Mothers**, by Annie M. Hale, M.D. Philadelphia, Pressley Blakiston, 1012 Walnut St., 1880.

A practical and useful little work, containing many useful hints to mothers, who would do well to purchase the book and use as a guide in the management of babies, instead of following the thousand foolish suggestions of quacks and superstitious old women.

**TRANSACTIONS OF THE AMERICAN GYNECOLOGICAL SOCIETY: Vol. 4 for the year 1879.** Boston, Houghton, Mifflin & Co., 1880.

A large octavo volume of 500 pages, containing a number of able and interesting papers read before the Society at its fourth annual session at Baltimore, Sept 17, 1879.

## SPECIAL NOTICES.

**WM. R. WARNER & Co.**—We desire to call the attention of our readers to the advertisement of this house. It is one of the most reliable houses in the United States, and all the preparations which they advertise can be depended upon to be as represented. We have used their medicines ourselves, and have never been disappointed.

It is becoming more and more necessary to make remedies as little repulsive to patients as possible, and therefore those elegant preparations, as are many of the elixirs, syrups, and sugar-coated pills, are becoming popular among physicians; but a frequent drawback is the unreliability of the preparations of many manufacturers. This objection, however, we know, does not hold in regard to those of Warner & Co.—*Cincinnati Medical News*.

We would call attention to the advertisement, on page 9, of **Messrs. HENRY THAYER & CO.**

This is an old and honorable house, having been established in their branch of Pharmaceutical Chemistry over thirty years.

All of their preparations are faithfully made of full strength, elegant in appearance, and have deservedly won a wide reputation. Physicians and druggists may depend upon the correctness and accuracy of any preparation bearing their label.

Their list of new Fluid Extracts is extensive, and the genuineness of indigenous raw material is certified at the Botanical Gardens of Harvard University.

**THE NAME PARKE, DAVIS & CO.** on the label of a package has become a guarantee to the physicians of this country, of honesty in the manufacture of the preparation. The firm is reaping the fruits which such a reputation naturally brings, and stands to-day second to no firm of pharmacists in this country in the extent of its business.

The Profession has, moreover, been placed under obligations to it for the great majority of the valuable New Remedies which have during the past few years been added to the materia medica. Inasmuch as it makes a specialty of New Remedies, physicians will do well in testing these to secure PARKE, DAVIS & Co's preparations of them before passing judgment on their merits.

The later additions which Parke, Davis & Co. have introduced are **Jamaica Dog Wood**, a substitute for opium; **Manaca**, the Brazilian antirheumatic remedy; and **Ergoté Purificatus**, a constant preparation of ergot and one peculiarly adapted for hypodermic administration.

### EXTRACT OF A LETTER FROM DR. HUNTER MCGUIRE.

*Richmond, Va., April 1880.* \* \* \* \* \* In a host of diseases where a powerful tonic and alterative is wanted, the **BEDFORD ALUM AND IRON MASS AND WATER** is of inestimable value. **HUNTER MCGUIRE.**

T H E

# Southern Medical Record.

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EDITORS:

T. S. POWELL, M.D.    W. T. GOLDSMITH, M.D.    R. C. WORD, M.D.

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*R. C. WORD, M.D., Managing Editor.*

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~~ALL~~ All Communications and Letters on Business connected with the Record must be addressed to the Managing Editor.

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## ORIGINAL AND SELECTED ARTICLES.

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### SNAKE BITES.

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BY JOSEPH JONES, M.D., OF GEORGIA.

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The few contributions to our Journals on this subject will be a sufficient apology for offering for publication the following article. Indeed these cases seem to have been turned over, in a great measure, to empiricism. Yet there is no class of cases in which it is necessary for the attending physician to have his principles of treatment more definitely fixed and settled than in this.

A snake bite is like the shock of an earthquake in a family. The neighbors flock in, and each one who comes to witness the wonder and tell "snake stories" brings with him a "rattle snake master," an infallible remedy which he has known to cure in, at least, one case, and never known to fail, and which he urges with all the pertinacity of empirical ignorance, while the heads of the family and friends of the patient seem to be embarrassed, only in regard to which of these wonderful cures they will give preference.

Under these circumstances the physician will require more moral courage to keep control of the case than would be necessary to clear a ship's deck of a mutinous crew. And if he is not a man of firmness and well fortified with fixed principles of treatment, he will be swept off by some one of the excessive gusts of indignation at his obstinacy

in not abandoning his own remedies, supported as they are by the recorded testimony of the profession, and trying some one of these infallible cures which, at least, "could do no harm."

*Treatment.*—Immediately on arriving we give whisky, brandy or some alcoholic liquor, repeated every few minutes until the patient is completely under its influence. This will take an astonishing quantity. In a very bad case which we recently treated (the bite of a mocassin), a little girl about ten years of age drank, within a few hours, considerably over a pint of whisky with but little apparent effect.

We know this treatment is objected to by Prof. Payne (of Southern Medical College, Atlanta, than whom no higher authority exists), on the ground that it possesses no properties which can chemically act on the poison. It is a settled principle, I believe, that absorption goes on in an inverse proportion to arterial action. The whisky then prevents to a great extent, the absorption of the poison, while it sustains the sinking powers of life, which are so materially depressed in these cases, thus meeting two important indications in the treatment. We then bathe the swollen parts with volatile liniment (hartshorn and sweet oil), adding a small portion of laudanum, and envelope it in a clay poultice. This poultice, we think, acts by capillary attraction, and is the best we have ever used in such cases. After these measures have been attended to we prescribe large doses of carb. of ammonia, from thirty to sixty grs. of the powder, in half glass of sweet milk, or a fluid drachm of the spirits of ammonia in the same vehicle. The ammonia sustains the patient's strength and acts chemically in neutralizing the poison, and should be repeated, at first, as often as circumstances require, and then be continued every few hours until the poison is entirely eradicated from the system.

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### ANTISEPTIC TREATMENT OF GUNSHOT WOUND OF THE KNEE-JOINT.

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BY J. A. HOLLOWAY, M.D., OF LA.

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I was called to see Albert Davis, colored, on the 5th of January, who had been shot during the night previous in the lower part of the thigh with thirty-nine small buckshots—one shot penetrating the knee-joint—the patient remarking soon after my arrival that "all of the oil had run out of the joint."

As the shot were small, I thought it best not to disturb the one entering the joint, but removed those which had entered the other part of the leg and which had passed almost through the leg, and lay just

under the skin on the opposite side. He asked me not to amputate, so I resorted to the following antiseptic treatment.

The wounds were kept dressed with carbolized oil, and over the lint, I used towels wetted with carbolized water. I gave three drops of veratrum viride and three grains of salicylic acid every two hours; kept his bowels gently opened.

On the morning of the 8th, patient had very high fever accompanied with very irritable stomach. In three days fever subsided, and stomach became quiet and nourished well. There was very little inflammation about the wounds, and in one month from the date of wounds he was up and walking about on crutches.

He lost the use of tibialis anticus muscle for three or four months, but recovered from that with no other injury to the joint, and can do now any kind of labor.

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### A CASE OF ARTIFICIAL ABORTION FOR RELIEF OF UNCONTROLLABLE NAUSEA AND VOMITING, WITH REMARKS.

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BY M. H. JORDAN, M.D.

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Mrs. C. H. T., aged 24 years, with a good family history, enjoyed excellent health until three or four years ago, when she received a fall by a chair being jerked from under her. Since which time she has suffered from a displacement of the uterus, complicated with a cystitis and reflex irritation about the rectum.

This lady was treated for these troubles several years ago by Dr. E. W. Jenks, of Chicago, but removed to this state before a complete cure was established. The subject of this paper, although suffering from uterine, cystic and rectal troubles, married about eight months ago, and in three or four months became pregnant.

On June 23, 1879, I was telegraphed to visit Mrs. S., at her home in Shelby county, Alabama, and learned that she had been confined to her bed for five weeks, with a distressing and uncontrollable nausea and vomiting. She was much emaciated, very nervous, with a quick pulse, some fever, and retained comparatively nothing on the stomach, and had but little quiet and undisturbed sleep either day or night. There was great soreness over the stomach and abdomen, and the act of vomiting was frequent and distressing.

I tried all of the remedies that are usually given in such cases with negative results; and in order to secure a night's rest I administered one-fourth of a grain of morphia hypodermically, but it seemed to increase the nausea and vomiting, and produced such alarming nervous symptoms that I was deterred from again attempting its use. Among a large number of other drugs, I gave large doses of the bromide of potassium and hydrate of chloral by enema, with no other result than to increase the local irritation already existing in the rectum, and causing additional pain and constitutional disturbance.

Being baffled and disappointed thus far in everything, I concluded to try a remedy that I believe was first suggested by Dr. J. Marion Sims—that of applying nitrate of silver to the uterus. Accordingly, a Sims's speculum was introduced, and a thorough application made to a reddened and inflamed os and cervix uteri; but this remedy produced no other effect than a slight discharge from the vagina for several days.

Seeing that the patient's condition was growing more critical, and her strength failing day by day, I concluded that the time had certainly arrived to attempt an abortion. So accordingly I passed a sound to the fundus of the uterus. I felt sure that this would end my troubles with this case, for I fully expected to receive intelligence in a few days, either from the husband or attending physician, that the lady had miscarried, but instead was summoned to visit her again, as the treatment had produced no effect.

At this visit I found the patient still more exhausted from loss of sleep and rest, and retained scarcely any food or drink, and it was evident that without relief she certainly could not long survive; so I advised her husband to convey her to the train (on a mattress), and thence to Birmingham, where I could see her often, and give the necessary attention.

On the following morning I called Drs. J. W. Sears and W. P. Taylor in consultation, and we found the patient in the following condition, viz.: Distressing nausea and vomiting, a feeble pulse (from one hundred and twenty to one hundred and forty beats per minute), a hot, dry skin, a dry coated tongue, parched lips, and presenting the appearance very much of a patient in the fourth week of typhoid fever. Drs. Sears and Taylor agreed with me that abortion was certainly justifiable, and should be brought on as soon as possible; consequently I again passed the sound into the uterus, packed the vagina with a cotton tampon, and gave large doses of ergot hypodermically, but even this medication and local irritation proved insufficient to arouse the uterus to contraction.

As time was a great consideration in this case, and fearing the evils of delay, on the next day I passed a small sea-tangle tent well into the uterus, and tamponed the vagina as before, so as to hold the tent *in situ*, and let it remain fifteen hours; but this produced no other result than slight dilatation of the os uteri.

Seeing that unless relieved this lady could not live many days, as she had become so weak that she could not turn herself in bed, we resolved upon active interference to empty the uterus of its contents, and lessen the tension on the uterine fibers. In obedience to this resolution, I introduced a large sponge tent into the uterus beyond the os internum uteri, and secured it in place as before with a cotton tampon.

At the expiration of six hours I introduced a Sims's speculum, and after removing the cotton and sponge tent, which had done its work well and fully dilated the cervical canal, I hooked a uterine tenaculum into the anterior lip of the cervix, and slowly but steadily drew it down near the vulva, and within easy reach of my fingers. I then withdrew the speculum (the tenaculum remaining), and had the patient turned on her back, her hips drawn well over the edge of the bed, her legs flexed, and thighs held at right angles with the body, so as to secure the greatest degree of relaxation possible to the perineum and abdo-

minial muscles, and introducing two fingers into the cavity of the uterus removed a foetus (a miniature baby) at about the fourteenth week of utero-gestation. Then with my index finger I made the complete circuit of the uterine cavity, and removed the little placenta; and wishing to sustain all the strength the patient had, I injected about a pint of hot water into the uterus to secure a good contraction and prevent hemorrhage.

Dr. Sears kindly gave the patient a little chloroform during the operation, and she rallied well and experienced but little shock. In several hours I called and found the patient suffering considerably from after-pains; but after removing a small clot from the cervical canal, I washed out the vagina with tepid carbolyzed water, and gave fifteen minims of the fluid extract of hyoscyamus hypodermically (as she could not take morphia), which secured her a good night's rest—the only one that she had received for seven or eight weary weeks.

After the operation it was indeed wonderful what a transformation there was in this patient's condition; for she never became sick at the stomach nor vomited a single time, but immediately began to retain milk and absorb all that was given her. I used no other treatment save an antiseptic vaginal wash; and she steadily improved, her fever subsided, her tongue became moist and began to clean off, appetite returned, and at the end of two weeks was able to be carried home with her mother to Chattanooga, Tennessee.

*Remarks.*—In any case of abortion where the decidua has not been expelled, the obstetrician has not fully discharged his duty until he has by bold and prompt measures removed it by manual extraction. This operation does not require any great amount of technical skill, and its immediate results are in the highest degree satisfactory. It can be accomplished by placing the patient crosswise in bed, her hips near the edge, her legs flexed and thighs held at right angles to the body; and with the left hand over the symphysis pubis press the uterus well down into the cavity of the pelvis, and pass the index finger of the right hand through the cervix, and by making the complete circuit of the uterine cavity the decidua can be removed without much difficulty.

In many ordinary cases of abortion the placenta is left *in utero*, to be thrown off by nature as best she may; and doubtless the large number of helpless, broken-down women, with long histories of repeated hemorrhages, fetid discharges, and local inflammations—either a subinvolution, or uterine or cervical catarrh—who present themselves almost daily to their family physician, or finally seek relief of some specialist in the larger cities, are in as many instances due to bad management in abortion as in labor at full term.

I do not believe that any woman is safe in abortion, nor should the obstetrician leave his patient until the little placenta has been removed in the manner just detailed; for in my limited gynecological practice I have seen cases of serious uterine trouble caused by a small tuft of the placenta left *in utero* after an abortion, and which was relieved after its removal by Thomas's curette, combined with constitutional treatment. For the extraction of the placenta the index finger is preferable to the ovum forceps, for it is safer, simpler, and there is no danger of producing local injury to the endometrium.



In conclusion, the following summary of views are respectfully offered in connection with this case :

1. We could hardly conceive of a more unfavorable case for operative interference than the one just detailed, and the result tends to justify so bold a procedure in such cases.
2. If this lady had not have aborted she certainly would have died.
3. The vital powers were so completely overwhelmed by the constitutional disturbance of nausea and vomiting, that nature either refused or was unable to arouse sufficient uterine energy to expel its contents.
4. In all cases where nature fails to bring about abortion, and the patient's life is in jeopardy, if the obstetrician does not empty the uterus of its contents by a bold and prompt procedure, he has not given his patient the benefit of all the resources of his vast art.

I hereby return thanks to Drs. Taylor and Sears, for valuable counsel and assistance in the management of this case.

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### HYPODERMIC MEDICATION.

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BY T. J. TYNER, M.D., MEMPHIS, TENNESSEE.

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On investigating the history of this mode of administering medicines, I find it dates much farther back than has generally been understood.

In the New York Medical Gazette of April, 1870, is an article showing that Drs. Taylor and Washington used it in the New York City Dispensary, as early as 1839. Their method was by puncturing the skin with a lancet, then injecting the fluid with an Anel's syringe.

Dr. Wood, of Edinburg, used this method in 1843, and supposed he had priority.

Dr. Gross, in his system of Surgery, edition of 1859, while speaking of subcutaneous injections, says :

"The operation which I believe I have been one of the first to perform, is executed with a tight syringe, with a very slender nozzle, which is inserted in a puncture previously made in the skin of the affected part, the subcutaneous cellular tissue being torn up with a common probe to make room for the reception of a drachm of solution of morphia, holding in suspension, from a  $\frac{1}{2}$  grain to  $1\frac{1}{2}$  grains of the salt, according to the exigencies of the case."

Thus it would seem he was absolutely ignorant of all prior investigations on this subject. His own experience, however, was sufficient to convince him of the advantage of the procedure, for before closing the paragraph he says :

"I believe the subcutaneous injection of morphia will be found highly serviceable in many cases, especially when the disease is distinctly localized, and rebellious to other treatment."

Thus it seems he recognized the fact, that morphia injected under the skin in the cellular tissue, would produce its specific effect when it would not do so in the stomach.

Prof. Trousseau, in his "Lectures on Clinical Medicine," praises very highly the local application of morphine in neuralgia. His mode of application was by removing the cuticle with caustic ammonia, then dressing the raw surface with the salt. In sciatica he punctured

the skin, then insinuated under it, small pills of morphia, belladonna, etc., but strange to say, does not mention hypodermic injections.

While the general or systemic effect of hypodermic injections was observed by Dr. Woods and others, yet they attributed its curative influence to the local action of the drug thus given. Mr. Hunter subsequently demonstrated the important fact that by injecting a distant part, the result was the same as when injected at the site of pain; a very valuable discovery, as abscesses are very apt to follow, where the injections are frequently made at the same spot.

However, it was not my intention to discuss the antecedents of the operation, but to endeavor to show that its use has been too much restricted, and that it is not only in extreme and isolated cases it should be used, but in all cases where prompt action is demanded, it is our safest and surest resort. Through the subcutaneous cellular tissue, we do with certainty in a few minutes, what we are uncertain of doing in hours through the stomach.

These are extreme views, but I hope they will be borne out by facts. If it is true, and I believe no one doubts it, who is at all conversant with the subject, that medicines are so potent when subcutaneously given in extreme cases, as for instance, brandy in convulsions due to anæmia of the brain, morphia in intolerant neuralgia, etc., is it not also time that the proper remedies given in the same way in less urgent cases, would be equally if not more effectual?

For the truth of this proposition there are two very cogent reasons: First, the medicine is taken up by the blood; second, without having to undergo the digestive process similar to that which takes place in the stomach, it enters the circulating current unchanged. That it is taken up by the blood has been proven by such experiments as the following:

If a solution of the ext. nux vom. be injected in the subcutaneous areola tissue of the hind leg of a rabbit or dog, it will produce convulsions and death in a few moments, but if another animal is treated in the same way, the blood vessels in the extremity having been previously tied, absorption is much retarded, the poison will find its way into the circulation so slowly, and in such small quantities, that the specific effect will occur only at a late period, or may not manifest itself at all. I refer to Flint, Dalton, and other recent works on Physiology. A very interesting question comes under my notice by force of circumstances; it may have been observed by others, but to me it was not only new, but at the time singular. However, by subsequent experiments, the fact was clearly demonstrated, in individuals whose system had become tolerant to large doses of morphia by the stomach, correspondingly large doses hypodermically, were attended with as much danger as though they had never been addicted to its use. Also, ordinary doses seldom or almost never fail to give relief, when the pain in the same individual had resisted large and repeated doses in the stomach. I have some very interesting notes taken at the time of observation, but it would make this paper too lengthy to read them.

There are conditions of stomach due to nervous impressions, which render digestion impossible for the time. All physiologists have agreed upon this point. The experiments of Dr. Beaumont on St. Martin, (the man with gastric fistula) confirms the above statement.

Irritation of temper would altogether suspend the secretion of gastric juice. Febrile action would produce the same effect. Prof. Dalton says :

"It is very often noticed that when annoyance, hurry or anxiety, occur soon after food is taken, although it may last only for a few moments, the digestive process is not only liable to be suspended for the time, but to be permanently disturbed during the entire day."

This idea may at first sight seem out of place, but a moment's reflection and you will see its bearing upon this subject, and at the same time be convinced of its verity. At all events science has proven it, and I have referred to it, to give more strength to what is to follow, and that is, in reference to the inabilities of the stomach to perform its functions from some cause or disturbance within itself.

While it is true literally, that in excessive pain, excessively large doses of morphine are necessary, yet, in fact I have doubted it for several years, and am now convinced that the pain through reflex action, produces some disturbance in the stomach, which partially suspends its functions, the result of which is, only a part of the morphia is appropriated, the remainder never reaching the blood at all. As proof of this, in severe neuralgia the appetite is as completely suspended as in gastric catarrh. This anorexia does not only last for a few hours, but in some cases for days.

It is a notable fact that we many times fail to get any effect whatever from a drug, which past experience has taught us to rely upon with almost certainty. The reason generally given is worthlessness of the drug, when in reality, it is a failure of the stomach to appropriate it. I have demonstrated this fact with the hypodermic syringe, beyond all reasonable doubt.

In our fall fevers with gastro-hepatic catarrh (which is almost always present), the stomach revolts at everything, and rejects everything almost at the moment it is swallowed, still we write our prescriptions with instructions if the medicine is rejected, repeat it in ten or fifteen minutes, leaving our patient to suffer for hours, whereas, in a few minutes with a decided dose of morphia hypodermically, we make him forget he has a stomach; then with two four-grain doses of quinine in the same way, four or five hours apart, we will as effectually break up his fever as we could with three times that quantity in the stomach, even admitting it be undisturbed and in the perfect performance of its functions.

I hope you will bear with me a few moments longer on this point, as I wish to refer to a case that is very characteristic of the position I have taken; it occurred two years ago.

I was called to see a woman, whom I found to be in labor with her first child (primipara if you please), the head presenting, and tightly wedged in a contracted pelvis. In about three hours she was delivered without instruments, of a living child. I anticipated laceration, but on examination found only slight abrasions of the vulva so trivial that I did not regard them as of any consequence. At my next visit, my patient living some distance from my office, I dismissed the case. Two days later I was called to see her; found her temperature 104, pulse 130. At this visit I learned that she had been the subject of fever previous to her confinement. I saw her again the next day at noon;

condition unchanged. Complained of soreness, and on examination I was amazed to find that erysipelas, starting from abrasion in the vulva had extended upwards to umbilicus, and downward to knees, presenting a very high degree of inflammation.

In addition to other treatment I prescribed forty grains of quinine with two grains of morphine in twelve pills, two every three hours until six were taken, the remaining six to be given the same way next morning. At my next visit, twenty-four hours later, I found her apparently *in extremis*. Her husband informed me that at eight o'clock that morning she had thrown up all twelve of the pills. He had misunderstood my direction, and given the pills every three hours until all had been taken. I manifested some doubt, and he showed me the vessel in which were the twelve pills coated with a thick tenacious mucus, and but little changed in consistence. Had I not seen them myself, I was prepared to believe him, for she was not in the least under the influence of either the quinine or morphine.

I gave her at once half grain morphine hypodermically, and sent for twelve grains of quinine in solution, and gave at two o'clock one-third in same way, and same quantity at five o'clock. So certain was I that she would die, on taking my leave I told her husband that I would not return, unless he sent for me. I received a message early next morning that my patient was better. Her temperature at 10 a.m. was 100, pulse 86; the erysipelous inflammation was subsiding, and she had drank a cup of tea with relish.

To be brief, her recovery from this time on was uninterrupted. To sum up; the two first pills remained in her stomach eighteen hours. In a word, from the time she took the last two, until they were thrown up, was three hours. Not becoming soluble, of course they could have had no effect; hypodermically, the half grain of morphine gave her relief, and the quinine no doubt saved her life, for I sincerely believe she would have died, had her stomach been the only medium.

I will call your attention to a different phase of the subject, at least somewhat so. Some years ago, there was published in some one of the journals, I don't remember which one now, nor by whom it was written, an article recommending the subcutaneous injection of ergotine in splenic leucæmia. Believing the authority good, I determined to try it upon the first case that presented itself; which I did, and the result was so decisive that I have used it ever since when convenient. My first case was a lady, thirty-six years of age, married, and the mother of two children. She informed me that she had been the victim of an enlarged spleen sixteen years, during which time her health was very bad; at intervals it would somewhat improve, and the enlargement would be slightly reduced, but at no time did it reach its normal size.

When she presented herself for treatment, she appeared more dead than alive, the spleen was enormously enlarged, she had retroversion of the uterus, and a very troublesome dysmenorrhœa. I would not mention these collateral affections, had not the termination of the case led me to believe that the bearing to each other was very intimate.

I at once commenced the use of the ergotine, giving at the same time an iron tonic. I gave the injections over the regions of the spleen on alternate days. Improvement began at once, and in three weeks

I discharged her cured. In all I gave eleven injections, two grains of the drug at each. She bore them well, there being no local disturbance whatever. A few weeks later her husband called and reported her health as perfect. Her complexion had assumed a healthy appearance. She had increased in flesh, and her uterine trouble had disappeared.

Since then, or in all, I have treated thirteen cases, all whites, two of which were under four years of age, eight males and five females. Ten recovered perfectly, two were benefitted, and one could not bear the pain of the operation, although it lasted but fifteen or twenty minutes. He went from under my care, after the second injection.

As an experiment in the meantime, I gave the same drug in three cases, by the stomach persistently, and in increasing doses, without the slightest effect upon the disease. Dr. Abercrombie, of Memphis, very kindly informed me of a case in which he used the ergotine by stomach with negative results. These being one in many of the inscrutable problems in our profession, I would not venture an opinion, unless it has already been given, or explain farther back while speaking of the physiological action of medicine given subcutaneously, thereby entering the blood immediately and in an unchanged state. This is at least plausible if not correct.

As to drugs adapted to hypodermic use, the range is very wide. Either from emergency or experiment, medicines have been brought into daily use, which at first glance would seem not only inadmissible, but dangerous. Bichloride of mercury and chloroform for instance, when applied to the skin produce intense pain, while in the cellular tissue, under the skin, the pain is very slight. The subcutaneous cellular tissue seems to possess a tolerance, or is only to a limited extent susceptible to pain; or perhaps, a more correct solution is, the capillary circulation is so active, the foreign substance is appropriated so quickly it can do no damage.

Were it not for this rapid vital action local phlegmasia would necessarily follow the injection of all irritating substances. In a word, nearly every drug that can be reduced to the soluble state, can be used hypodermically. Of course some care is required in preparing the solution, manipulating the instrument, etc. I have never seen but one case which resulted in abscess. The subject was a druggist with congestive fever; we gave him within twenty-four hours 105 grains of quinine, and an abscess formed at every puncture of the needle. The case occurred at Meridian, Miss., and was treated by Drs. Shackelford, Kline and myself. We were of the opinion that too much acid was used in making the solution. The abscesses were small and got well very quickly; however, some induration remained for several weeks.

In conclusion, I think my experience warrants me in saying that the hypodermic syringe is a most valuable instrument, too much neglected, and that the stomach is in many cases a very unreliable medium to the circulation; and further, that in certain cases we can accomplish a cure with that instrument through the subcutaneous areola tissues, that we could not do through the stomach, although we use precisely the same drug.—*Tenn. Transactions.*

## VERATRUM VIRIDE.

BY W. C. NORWOOD, M.D., S. C.

The primary and direct effect is to control and regulate the action of the heart and arteries in all febrile and inflammatory diseases, be their name and character what they may. It is not for us to attempt to limit the application of a remedy endowed with such powers in the treatment of disease. We state further, that it meets many, if not all, of the prominent indications in the treatment of disease. It produces the very opposite effects, and therefore becomes the counter agent of all diseases. It certainly and in all cases renders a frequent and weak pulse slow, full and distinct; a flushed, hot and dry surface more or less pale, cool and moist.

This it does without exciting the least nausea or vomiting, by giving to an adult male five drops, and increasing the dose one drop every portion given at the end of every third hour, till the pulse is reduced to sixty-five beats per minute. When the pulse is reduced to this number, do not increase the drops. The pulse may be kept at sixty-five beats indefinitely, without causing the slightest nausea or vomiting. The pulse may be reduced to forty-five, forty, and even thirty-five beats, by a very gradual increase of the dose, without exciting the least nausea. But you cannot keep it reduced any length of time to either of these numbers, even if you do not increase the dose, without causing the most intense nausea and vomiting, profuse perspiration, coolness, or even icy coldness of the surface, great paleness, or even palor, and in nervous or hysterical persons a sensation of strangling, difficulty of breathing, and a feeling of suffocation, a perfect paroxysm of globus hystericus, which alarms the patient, friends, and even physician if not familiar with the effect of the remedy. We stated these in one of the five first articles we published, that many never read. You cannot reduce the pulse below the last numbers named by any other remedy without inducing all of the above named apparently alarming effects. We know of what we affirm, when we say apparently, for there is no real danger, as we shall abundantly show.

The blood being furnished to the brain so slowly (for the blood is the life thereof), all of the vital functions suffer, and the peculiarly disagreeable effects follow. If the effects of veratrum viride in doses of from 30 to 60 drops, or even in doses of two ounces of the tincture, or more, were in proportion, death would speedily follow. But vomiting rapidly follows the large portions, and the supply of blood to the brain is diminished temporarily, and all of the effects soon pass off, whether aided or unassisted by morphine and brandy.

To illustrate: The effects of bleeding from a large orifice in erect position, *ad deliquum animi* will soon pass off; but to bleed *ad deliquum* from a large orifice in the horizontal position will be recovered from much slower, on account of the deliquum being brought on much slower, and the loss of blood being much greater.

In the case of veratrum viride the blood is all in the system in both cases; but where the pulse is gradually rendered slower by a gradual and slow increase of the drops, the slow return and less decarbonized blood to the brain renders the effects of the veratrum more intense

than the large dose of veratrum, for in it the supply of blood is but temporary by lessening, and the blood is also much less carbonized. But in the large loss of blood from bleeding the system sustains greater and more permanent injury.

It is the only agent that will render the number of the pulse slower in health than natural, and not diminish its fullness and strength. It never renders a pulse weak in health or disease except when given in doses sufficiently large to nauseate and vomit. We have been using veratrum viride thirty-six years. We tested its effects carefully on our own person, and watched closely and with interest its peculiar effects on the person of others. After this long use and experience we can state beyond a peradventure that it is destitute of all poisonous effects in any dose, however large or small, in which it has ever been given or ever been taken, either by mistake or design. On the highest testimony it can be established that it has been taken in over two ounces at a single dose, and no ultimate ill effects followed. Prof. Percy, of New York, wrote a learned essay on veratrum viride.

He was awarded a gold medal by the United States Medical Society. He reports many cases in which from two to four ounces were taken, and in all his experience he never knew of an authenticated case of death following its use.

N. O. Pearson, M.D., gives a case of poisoning from veratrum viride, but was cured by opium being given in a most prodigal manner.

Prof. Percy remarks: "We think our friend (Pearson) has erred in the deductions he has drawn, and as he gets better acquainted with the therapeutic effects of his remedy, he will himself acknowledge so. Had he not administered opium his patient would have recovered quite as well, as every one who has used the veratrum to any extent will assure him. We have several times induced just such a state, and purposely kept our patient at that point for over coming his disease," nor have we felt the least alarm.

Dr. F. F. Gary, a prominent physician in this place, had a son of about twenty years attacked with chorea. The disease was the most rapid and intense we ever witnessed. In less than fifteen days it was all that two adults could do to prevent his sustaining injury from the intensity of the convulsions. To show that we do not over state the case, two brothers, absent from home, were telegraphed to hasten home, and one to bring to his assistance another prominent doctor. Although long since retired from practice, we were asked to see him. He was put on the use of veratrum viride. We remarked to the doctor that we had never known a case that did not yield to a full dose in less than two hours. The Doctor, with much ado, had dropped out twelve drops. We remarked, "just tip out three drops more," which he did; in less than one hour the patient vomited freely, and every convulsion arrested; and when the brothers that had been telegraphed for reached their father's with the physician, the patient was perfectly calm, and his muscles were undisturbed by the slightest twitch. The sons were lawyers, and men of sense. One of them remarked to the writer, "It is a perfect triumph; you have immortalized yourself; father was afraid of it."

H. G. Barrows, M.D., of Boston (Mass.), personally unacquainted: "I feel a strong desire to add my testimony in favor of the agent (vera-

trum viride). In cases of fever, and especially in children, I could not do without it. It has wrought wonders in my experience. The unpleasant effects would have occasioned me no anxiety, as these effects are easily controlled."

We do not rest our case on our own experience and testimony as to the safety and efficiency of our remedy, for we are a deeply interested party. But those that sustain us and bear witness to its safety, are professors and teachers that stand high in their profession; men of honest purpose and integrity, and would scorn to state that a remedy was safe that was poisonous and dangerous, and thereby mislead men of less learning and talent in their profession. If the testimony given is not worthy of confidence and reliable, there is nothing human or short of a miracle that will convince.—*Southern Clinic*.

[The dangers of veratrum have doubtless been greatly exaggerated, and its virtues scarcely appreciated; yet the profession will make allowance for the enthusiasm of Dr. Norwood touching an agent with the history of which his name must be ever connected, and will scarcely risk the heroic doses advised when its good results may be obtained, with smaller doses and a more cautious use of the remedy.—EDITOR of *Record*.]

## RECENT PROGRESS IN OBSTETRICS.

BY W. L. RICHARDSON, M.D.

*Intra-Uterine Vaccination*.—Following out the idea suggested by Prof. Bollinger (Munich) in his monograph published in Volkmann's series, Dr. A. E. Burkhardt (Deutsches Archiv für klinische Medizin) gives the results of some experiments made in the obstetric wards in the hospital at Basel.

During the years 1877 and 1878 he revaccinated twenty-eight pregnant women. Owing to circumstances beyond his control, only eight of the children of these women were available for future experiment. Four children were then vaccinated, whose mothers had not been vaccinated during the pregnancy, and in every case perfect pustules were produced. With this same lymph, whose efficacy had thus been proven, he vaccinated the eight children of the mothers who had been vaccinated during pregnancy.

The results were as follows: The children of four women, whose revaccination during pregnancy had been perfectly successful, were found to be insusceptible of the vaccine lymph. The children of two of the women, whose revaccination during pregnancy had been only partially successful, were also found to be proof against vaccination. Of the two children whose mothers had been unsuccessfully revaccinated during pregnancy, one was vaccinated successfully, and the other failed.

These experiments of Dr. Burkhardt, although few in number, agree with the results obtained by Rickett, who inoculated about seven hundred ewes during the last few weeks of gestation. Their lambs were inoculated, when from five to six weeks old, with sheep-pox lymph, with no result, although at the same time thirty-six lambs,



whose mothers had not been inoculated, were all successfully operated on and had true pustules.

*Antiseptic Obstetrics.*—Prof. Stadtfeldt, of Copenhagen, calls the attention of the profession to the great value of antiseptics in the treatment of obstetric cases. He says (*Centralblatt für Gynacologie*), that since 1870 he has employed this method of treatment, and with the most gratifying results.

During the last five years, out of 5098 lying-in patients, only one in 116 has died of puerperal fever. This result is more favorable than that obtained in any other lying-in institution. He advises that the vagina be carefully washed out before the delivery, and that the moment the presenting part of the child shows itself at the vulva a carbolic vapor spray be thrown on the exposed parts. This should be continued until any lacerations occurring during the delivery are united by sutures. The vagina should then be carefully washed out with carbolized water, as also the vulva and adjacent parts.

In all cases in which the hand or instruments have been introduced into the vagina, or where a portion of the membranes have been left behind, a three per cent. carbolized intra-uterine injection should be used after the delivery. He has never seen the slightest evil result follow an intra-uterine injection, although he has employed them in hundreds of cases.

Dr. Shucking advises that immediately after the delivery the vagina be wiped out with a tampon of cotton which has been dipped in a solution of carbolic acid (five per cent.). A sound is then carried up to the fundus uteri, having previously been surrounded by a piece of gauze soaked in the same solution. The uterus and vagina are then thoroughly disinfected by means of an irrigator, which is connected with the sound. For permanent irrigation he uses a solution containing ten per cent. of sulphite of soda and five per cent. of glycerine. Every twelve hours the sound and gauze are removed and a fresh instrument is inserted, while at the same time the carbolized injection, followed by the sulphite of soda wash, is repeated.

*Laceration of the Perinæum.*—Dr. T. A. Reamy, in *Obstetric Gazette*, calls the attention of the profession to the necessity of immediately sewing up a perinæum which has been torn during a delivery. The parts should be sponged with warm water, and if the flowing at all impedes the operation, a sponge can easily be inserted into the upper part of the vagina. There is no necessity for an anæsthetic, as the pain amounts to nothing; nor is there any for trimming the parts. The sutures should be placed very closely together, at least four to the inch. By placing them so closely, there is not the necessity of drawing the edges so tightly together. All clots and blood must be removed from between the parts before they are brought into apposition. The urine should be drawn for two or three days. It is not at all necessary to confine the patient's legs together, nor to insist upon her lying in one position; but she should not be allowed to separate them widely.

*Porro's Operation.*—Dr. R. J. Kinkad, in a recent paper read before the Dublin Obstetrical Society, gives an interesting and critical description of this operation as compared with Cæsarean section, laparo-elytrotomy, and craniotomy.

Thus far thirty cases have been reported, with the result of fourteen mothers being saved and sixteen deaths, or a mortality of 53.3 per cent. The dangers which attend Cæsarean section are :

1. Peritonitis. 2. Metritis. 3. Hæmorrhage. 4. Septicæmia. 5. Shock. 6. Intestinal obstruction, arising from a coil of the intestine being caught in the uterine wound.

By Porro's method, the second, third and sixth of these are abolished; the fourth is greatly reduced, and, with the proper use of antiseptics, should be entirely abolished. The danger from peritonitis is also greatly reduced. Several modifications of the details of the operation have been advised by various operators, but the main point consists in a combination of the Cæsarean section with amputation of the supra-vaginal portion of the uterus, at a level with the os internum.—*Boston Med. and Surg. Journal.*

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## A NEW OPERATION FOR THE RADICAL CURE OF HYDROCELE.

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BY BERNARD BARTOW, M.D.

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The following operation for the so-called "radical" cure of hydrocele, I have employed in two instances with such satisfactory results as to lead me to believe there are some points of value in the method, and particularly, in its application to cases which have resisted the means ordinarily employed for the relief of this disease.

The operation consists of an incision from three to four inches in length, in the scrotum—in the center of the hydrocele tumor—extending through the scrotal subcutaneous tissues until the sac is exposed. The loose connective tissue is then separated from the sac to the extent of about an inch either side of the line of the incision, exposing about one-third the circumference of the tumor—the distended sac protruding into the wound, renders this last step very easy of accomplishment. Into the most depending part of the tumor thus exposed, a fine trochar and canula is introduced, and the fluid is drawn off; the entire wound being left to close by granulation. It is intended that air shall not be admitted into the sac; and it is preferable to make the incision with antiseptic precautions, and to continue them during its subsequent treatment.

In the two cases where this plan was used, the first was a large hydrocele that had received no previous treatment, the second case being one in which repeated tapping had been performed; both patients were young married men between thirty and thirty-five years of age. The clinical features following the operation were very similar to those following the injection of the sac with tincture of iodine.

In both instances the sac had refilled by the fourth day. Resorption was complete by the tenth day in case 1; in case 2, however, I did not wait for this event to follow, but retapped the sac through the wound on the sixth day, after which it did not re-fill. The degree of inflammation in the scrotal subcutaneous tissue and sac was quite active in the first case, but the free incision of the operation prevented any tension in the part, and there was no sloughing of scrotal tissue, or any

other untoward feature. On this occasion no special antiseptic measures were observed.

In the second case, however, strict antiseptic precautions were employed throughout, with the effect to confine the inflammatory action within very moderate limits. I was strongly impressed with the influence antiseptics exerted in subduing the subsequent inflammation, by the fact that in this instance the dissection of connective tissue from the sac was much greater than in the first case, and this, without some modifying agent, would have resulted in a much greater degree of inflammatory action in the part. The extent of constitutional disturbance was indicated by a rise in patient's temperature of  $1^{\circ}$  above normal, and the local appearances were such as indicated a slight but general implication of the entire sac and surrounding tissues in the inflammatory process.

In the first case the patient was kept quiet until the tenth day, while patient No. 2 was confined to his bed for one day only—that following the operation. In both cases the scrotum was supported by a suspensory during the time the incision was healing, which latter was complete by the fourteenth day. At the end of nine months there was no sign of the disease returning in case 1, while in case 2, the sac had not refilled during the period of four months that it was under observation. Following the operation in both cases, the testis was movable in its sac, showing that obliteration of the sac did not take place.

The idea upon which this operation is based, is that of identity and continuity of the connective tissue composing the sac, with the less dense connective tissue which would be described as lying outside the sac; and that by exciting inflammatory action in this outside connective tissue, it will extend to and involve that composing the sac, by continuity of structure. By wounding and disturbing the parts in close relation to the sac, we thereby apply the irritant upon its outer surface, and by the resulting inflammation induce those changes in the vascular system of the part, upon which would seem to depend the restoration of the normal secretion of the tunica vaginalis. Admitting that the changes resulting from the inflammation principally affect the vessels supplying the part, it would seem by this method that we could quickly and with certainty induce those changes, by acting thus directly upon the tissue in which the vessels are imbedded.

In view of the fact that there are a considerable number of cases of hydrocele, in which injection with tincture iodine fails to accomplish a cure, and that these cases (if they obtain relief) become subjects for more objectionable and severe operations, I think there are advantages in the method here advanced, that will recommend it as a substitute for either the seton or the operation of incising the sac—the method usually employed after failure with tincture iodine injection. It is free from the dangerous constitutional disturbance liable to follow inflammation in an open serous sac—as in the case where a hydrocele is incised; and the prolonged suppuration attending obliteration of the sac by incision, is superseded by that which would follow from a superficial wound only. By preventing access of air to the interior of the sac, the liability to suppuration within the sac is almost nil; this principal danger being avoided, the method would seem to possess the conditions by which inflammation could be excited with safety in the sac and surrounding tissues.—*Buff. Med. Journal.*

## REPORT OF CLINICS.

FROM CLINIC OF PROF. J. P. KINGSLEY AT ST. JOHN'S HOSPITAL.

Reported by J. Emory Lamphear.

April 17th.—Freide H——, aged five years. Has been complaining for about four years; has been under the treatment of various physicians, but without relief. Complains of an intolerable itching around the anus; for a long time has been vomiting after meals, the ejections being acid in character; has slight fever every morning; appetite poor, but she appears quite well nourished.

Diagnosis: Pruritus ani and indigestion. Treatment:

Internally.

R Bismuthi subnit..... ʒij.  
Syrupi simplicis..... fʒj.  
Aque cinnamoni..... fʒj.

M. S. Teaspoonful three times daily.

Locally.

R Acidi carbolici..... gtt. x.  
Empl. plumbi..... ʒss.  
Ungt. petrolei..... ʒss.

M. S. Apply.

April 30th. Better than she has been since commencement of affection. Itching entirely allayed.

This case is one of interest, inasmuch as it illustrates the effect of a few simple remedies, when the nature of the case is thoroughly understood and the proper remedies selected.

In relieving the indigestion by the administration of the bismuth, one great point in the treatment was accomplished, namely, the removal of a cause tending to keep up the irritation; and by the use of the carbolic acid the intense itching was allayed until the source of the irritation could be removed. Others had treated the case by local applications alone, which could result at best in but a temporary relief, while combined with the internal treatment, a successful termination was the result.

March 24th.—Katie F——, aged four months. Had a slight cough for about three weeks. During that time has been troubled by persistent diarrhoea, but unaccompanied by any marked febrile action. Vomits; very cross and restless. The discharges from the bowels very slimy, but no appearance of blood; acid in character; contain undigested milk.

Diagnosis: Entero-colitis. Treatment:

R Sodii bicarbonatis..... ʒj.  
Aque cinnamomi..... fʒij.

M. S. Teaspoonful every three hours.

March 29.—Diarrhoea entirely disappeared.

These cases of intestinal catarrh in infants are of very frequent occurrence, especially during the summer months. Although the affection may arise from a variety of causes, yet in the greater proportion of cases, it may be traced to some error in diet or to indigestion; if due to the former, a removal of the cause will often suffice, while if it proceeds from indigestion, the administration of some simple remedy will often effect a cure. In this case the disturbance evidently proceeded from indigestion, as is proven by reference to the history; moreover, the matter vomitted was acid in nature, as were the passages, hence an indication of an antacid. So, instead of giving opiates, astringent preparations, etc., as is so often done in these cases, a little bicarbonate of soda was administered. And what was the result? Five days later the child was reported well, in better health than it had enjoyed for some time.

February 3d.—Harriet S——, aged four years. Three months ago she became paralyzed in both lower extremities; could move left leg a little; complete paralysis of right. Suffered great pain in the limbs for two weeks; since pain subsided, electricity has been employed with great benefit. Can now stand upon left leg.

Diagnosis: Infantile paralysis. Treatment: Faradaic current locally.

Internally:

R Strychniæ sulph .....	gr. j.
Ferri pyrophosphat.....	3j.
Syr. aurantii.....	f℥ ij.
Aquæ cinnamomi.....	f℥ ij.

M. S. Teaspoonful three times daily.

April 5th.—Has been coming regularly twice a week and is very much improved. The left leg which was also paralyzed, is now completely restored, and the right foot was moved voluntarily yesterday.

April 19th.—Recovering quite rapidly. Can now walk about quite well.

During the first two or three seances the muscular contractions were marked upon the application of the interrupted current, but after that the response was very feeble—almost imperceptible; yet had the continuous current been applied, the contractions would still have been noticed; for it is the rule that in all cases where recovery is possible, the muscles retain their contractility when the continuous current is employed.

This paralysis made its appearance during a severe attack of intermittent fever; the child was confined to the bed for several days, and it was only when it attempted to arise that the paralysis was discovered. No cause could be assigned for its occurrence, and this is usually the case in true infantile paralysis. Neither is there much more positive knowledge in regard to the part of the nervous system which is the seat of the lesion giving rise to the paralytic disturbance.

The treatment which was instituted in this case, is that from which, as experience has proven, the most benefit can be derived.—*St. Louis Courier of Medicine.*

## ABSTRACTS AND GLEANINGS.

**Gelsemium.**—If the face is flushed, the eyes bright, the pupils contracted, the temperature elevated, the muscles twitching, and the tongue tremulous, give gelsemium. If the temperature is normal or below, the eyes dull, the pupils dilated, the mind cloudy, the pulse feeble, and no nervousness, do not give gelsemium.

Children while suffering from high fever or irritation from any source are especially liable to convulsions. Under such conditions gelsemium is the remedy *par excellence*, as a nerve sedative to lessen the liability to convulsions.

This drug seems to produce such a variety of symptoms shown under different circumstances and recorded by different observers, and is recommended for so many different diseases, that it has not yet been definitely classed; but it so universally allays nervous excitability from whatever cause, that it can very properly be classed, as Binz classes it, with the nerve sedatives.

Knowing the physiological action of gelsemium upon muscular fibers, in September, 1877, I administered it in a case of retention of urine from spasmodic contractions of the mouth of the bladder. The catheter could not be introduced, and chloroform was not at hand. I was then driven to try gelsemium, and, to my surprise, with the happiest results. After a few hours, before I returned with chloroform, the urine passed off naturally, and by continuing its use a few days the spasms did not return. I have since seen that others have used it, as I have since done for the same purpose, nearly always obviating the necessity of catheterization under chloroform.

In those afterpains of *multiparæ*, where the continued tonic pains are due to an irritability of the overwrought nervous system, rather than to a physiological process of subinvolution, gelsemium is a most excellent remedy. I give the tincture in twenty-five-drop doses every hour, and have never failed to sedate the hyperirritability of the pelvic nervous system which generally exists during subinvolution. According to my note-book, this treatment has been almost immediately successful in forty-six cases.

The pains of dysmenorrhœa and the "nagging" pains of the first stage of labor are greatly alleviated by it.

Neuralgia of the fifth nerve from temporary eccentric irritations not instances of *tic douloureux*, intercostal neuralgia, and myalgia are frequently cured by this agent when largely administered.

In cases of neuralgia of the trigeminus, Dr. Massini gives twenty minims of the tincture every half hour for three or four doses, and he finds that the first dose usually affords relief, and that the pain rapidly subsides after a second or third dose has been taken. He has never found it necessary to exceed sixty-minim doses, and only in one case did this quantity produce any unpleasant head symptoms. The cases in which the remedy produces most benefit are those of simple rheumatic neuralgia of the alveolar branches of the trigeminus. In these it rarely fails. It also sometimes relieves the pain remaining after the stopping of a carious tooth.

In diseases of the respiratory organs characterized by irritation, having its seat or origin in the pulmonary tissues—such, for instance, as hectic—gelsemium has acted well when all the favorite remedies for that symptomatic trouble have failed.

Gelsemium is of great service in convulsive or spasmodic cough, whooping-cough, reflex cough from irritation, hysterical cough, and in some cases of spasmodic asthma, spasmodic muscular cramps, and indeed in all troubles of a spasmodic nature that are due to nervous irritations, producing some sort of muscular contractions.

It is extolled very highly by some writers as an unfailing remedy in the early stages of acute gonorrhoea. The fluid extract is given four times a day, beginning with eight drops and increasing two drops every dose until the patient experiences the peculiar intoxication.

In 1870, Dr. E. A. Anderson made a series of experiments upon the antiperiodic properties of gelsemium, and according to him it made an excellent substitute for the cinchona barks. Dr. W. W. Murray used it subsequently with success in a large number of cases of intermittents; but I do not think its antiperiodic properties have since received confirmation, at least not by coming into general use. Its chief indication in this class of cases is to allay nervous excitement. I invariably give it in all classes of malarial fevers where nervous excitement exists without much pain, in preference to an opiate in any form. Where this one symptom of nervous irritability is uppermost, gelsemium will combine admirably with any antipyretic mixture that may be chosen.

It is claimed by a southern physician of large experience in its use that it is almost a specific in bilious and gastric fevers of children, when pushed till they complain of vertigo and double vision; diaphoresis soon follows, and the little patients are convalescents.

In mania with great motor excitement this remedy is more useful than any of its synergists, in large doses, more even than opium.

In order to obtain the physiological effects of this drug, it must be rapidly introduced, and the moment the system is under its influence its effects upon the eye become as apparent as when atropine or morphia have been taken largely.

The physicians of the South, where it is more extensively used than elsewhere, prefer the strong tincture of the green root, eight ounces to the pint of alcohol.

A tincture or fluid extract made from anything else but the fresh green root is utterly worthless, as the active principle evaporates quickly, even in spontaneous drying.—Dr. Hobb, in *London Med. Journal*.

**On Glycerin in Flatulence, Acidity, and Pyrosis.**—Sydney Ringer, M.D., and William Murrell, report in the *Lancet* :

An old gentleman, who for many years suffered from distressing acidity, read in a daily paper that glycerin added to milk prevents its souring, and he reasoned thus : "If glycerin prevents milk turning sour, why should it not prevent me turning sour?" And he resolved to try the efficacy of glycerin for his acidity. The success of his experiment was complete, and whenever tormented by his old malady he cures himself by a recourse to glycerin. Indeed he can now take articles of food from which he was previously compelled to abstain, pro-

vided always that he takes a dram of glycerin immediately before, with, or directly after his food. He recommended this treatment to many of his friends (sufferers like himself) and one of these mentioned the above circumstances to us.

We have since largely employed glycerin, and find it not only very useful in acidity, but also in flatulence and pyrosis, and that it sometimes relieves pain. We meet with cases where flatulence, or acidity, or pyrosis is the only symptom, but more frequently these symptoms are combined. Some patients rift up huge quantities of wind without any other symptoms than depression of spirits; in others we get flatulence and acidity, one or the other predominating; and we meet with others who suffer from acidity, flatulence and also pyrosis. In all these various forms we find glycerin useful, and in the great majority of cases very useful. We do not mean to say that in all cases it is superior to other remedies for these complaints; indeed in several instances it has only partially succeeded, where the commonly-used remedies at once cured. On the other hand, in some cases glycerin speedily and completely succeeded, where the commonly-used remedies for acidity and flatulence completely failed. We do not pretend to estimate its relative value to other remedies; we are only anxious to draw attention to its virtues.

Gas is in some instances formed in the stomach, in others in the large intestine, in some patients in both. Our observations were made on stomach flatulence, and as glycerin is so readily absorbed we should hardly expect that it would influence the formation of wind in the colon, except given in large doses, and when it acts as a slight laxative, and so expels the putrefying mass which forms the wind.

In some cases it removes pain and vomiting, probably like charcoal, by preventing the formation of acrid acids, which irritate delicate and irritable stomachs.

We suggest that it acts by retarding or preventing some forms of fermentation and of putrefaction. J. Mekulics (*Archiv. f. Klin. Chir.*) shows that glycerin prevents putrefaction of nitrogenous substances, as of blood diluted with water, which speedily decomposes at the ordinary temperature of the air. Two per cent. of glycerin retarded decomposition for twenty-four hours; ten per cent. for five days. If the fluid were placed in the hatching-oven, then two per cent. retarded decomposition for several hours, ten per cent. for forty-eight hours, and twenty per cent. altogether prevented putrefaction. He also proves that glycerin destroys bacteria and prevents the formation of septic poison, though it will dissolve and preserve the septic poison itself.

Dr. E. Murk (*Virchow's Archiv.*) finds that two to three per cent. will delay lactic fermentation in milk from eighteen to twenty-four hours.

Burnham Wilmot, 1860, says glycerin preserves meat so that after several months' immersion the meat is sweet and can be eaten; and Demarquay proves that both animal and vegetable substances may be kept for from six weeks to two months by glycerin.

Glycerin, however, does not prevent the digestive action of pepsin and hydrochloric acid; hence, while it prevents the formation of wind and acidity, probably by checking fermentation, it in no way hinders digestion. We administer a dram to two drams either before, with, or



immediately after food. It may be given in water, coffee, tea, or lemon and soda-water. In tea and coffee it may replace sugar, a substance which greatly favors flatulence, as indeed does tea in many cases. In some instances a cure does not occur till the lapse of ten days or a fortnight.—*Louisville Med. News.*

**Rapid Breathing as a Pain-Obtunder in Minor Surgery, Obstetrics, the General Practice of Medicine, and of Dentistry.**—What led to the discovery of this effect of rapid breathing was in an operation upon myself in 1855, while inhaling chloroform. I was conscious of touch and not pain. I applied it to dentistry in obtunding sensitive dentine, and finally, in 1875, applied it, by increasing the inhalations to one hundred a minute, to the extraction of teeth, and, soon after, to minor surgery, etc. I can in this way render patients insensible to acute pain from any operation where the time consumed is not over twenty to thirty seconds. While the special senses are in partial action, the sense of pain is obtunded, and, in many cases, completely annulled, consciousness and general sensibility being preserved. To accomplish this each patient must be instructed how to act and what to expect. Simple as it may seem, there is a proper and consistent plan to enable you to reach full success.

Before the patient begins to inhale he is informed of the fact that, while he will be unconscious of pain, he will know full or partially well every touch upon the person; that the inhalations must be rigorously kept up during the whole operation without for an instant stopping; that the more energetically and steadily he breathes, the more perfect will be the effect; and if he ceases breathing during the operation the success will not be so complete.

It is very difficult for a person to respire more than one hundred times to the minute, on account of the exhaustion produced. For the next minute following the completion of the operation the subject will not breathe more than once or twice. Very few have force enough left to raise hand or foot. The voluntary muscles have nearly all been subjugated and overcome by the undue effort at forced inhalation of one hundred over twenty—the normal standard. It will be more fully understood, further on in my argument, why I force patients, and am constantly speaking to them to go on.

I further claim that for the past four years, so satisfactory has been the result of this system, in the extracting of teeth and deadening extremely sensitive dentine, that there is no longer any necessity for chloroform, ether or nitrous oxide in the dental office, for such purposes.

The anæsthetics, when used in major operations, where time is needed for the operation, can be made more effective by a lesser quantity when given in conjunction with rapid breathing. Drs. Garretson and Hewson, who have thus tried it, tell me it takes one-half to three-fourths less; and the after-effects are far less nauseating and unpleasant.

As an agent in labor where an anæsthetic is indicated, it is claimed by one who has employed it (Dr. Hewson) in nearly every case for three years, that he has used rapid breathing solely and to the exclusion of chloroform and ether.

If, in breathing, the quantity of carbonic acid gas set free is in exact

relation to the amount of oxygen taken into the blood, what effect must be manifested where one hundred respirations in one minute are made while the heart is propelling the blood only a very little faster through the lungs, and more feeble—say ninety pulsations at most—when to be in proportion it should be four hundred to one hundred respirations to sustain any length of time?

You cannot deny the fact that a definite amount of oxygen can be absorbed, as fast as it is carried into the lungs, even if there be one hundred respirations to the minute while the pulsations of the heart are only ninety. Nature has made it possible to breathe so rapidly to meet any emergency, and we can well see its beautiful application in the normal action of both the heart and the lungs while one is violently running.

You are already aware how small a quantity of carbonic acid in excess in the air will seriously affect life. Even two to three per cent. will in a short time prove fatal. In ordinary respirations of twenty to the minute, the average of carbonic acid exhaled is 4.35.

From experiments long ago made by Vierordt (see Carpenter, p. 324) you will see the relative per centage of carbonic acid exhaled from a given number of respirations. When he was breathing six times per minute, 5.5 per cent. of the exhaled air was carbonic acid; twelve times, 4.2 per cent.; twenty-four times, 3.3 per cent.; forty-eight times, 3.0 per cent.; ninety-six times, 2.6 per cent.

Let us deduct the minimum amount—2.6 per cent. of carbonic acid when breathing ninety-six per minute—from the average, at twenty per minute, or the normal standard, which is recorded in Carpenter (p. 524) as 4.35 per minute, and we have retained in the circulation nearly two per cent. of carbonic acid; that, at the average, would have passed off through the lungs without any obstruction, and life equalized; but not having been thrown off as fast as it should have been, it must of necessity be left to prey upon the brain and nerve-centres; and as two to three per cent., we are told, will so poison the blood, life is imperiled, and that speedily.

I think we are now prepared to show clearly the causes which effect the phenomena in rapid breathing.

The first thing enlisted is the diversion of the will-force in the act of forced respiration at a moment when the heart and lungs have been in normal reciprocal action (twenty respirations to eighty pulsations), which act could not be made and carried up to one hundred respirations per minute without such concentrated effort that ordinary pain could make no impression upon the brain while this abstraction is kept up.

Second.—There is a specific effect resulting from enforced respiration of one hundred to the minute, due to the excess of carbonic acid gas set free from the tissues, generated by this enforced normal act of throwing into the lungs five times the normal amount of oxygen in one minute.

Third.—Hyperæmia is the last in this chain of effects, which is due to the excessive amount of air passing into the lungs, preventing but little more than the normal quantity of blood from passing from the heart into the arterial circulation but damming it up in the brain.—*Med. Times.*

**Against the Fever.**—The prophylaxis against yellow fever proposed by Dr. Jos. T. Scotts, of New Orleans, in 1867, and tested by that gentleman and others during many epidemics since is as follows: In the first place, a moderate life, avoiding excesses in eating, drinking and dissipation, but by no means running into etotalism or seclusion. Before breakfast a dose of quinine sulphate, three grains, with lemonade; after dinner three drops of Fowler's solution of arsenic; and twice a day, at convenient intervals, ten-grain doses of chlorate of potash. These for an adult; proper gradations for children.

It will be seen that Dr. Scott's plan includes the exhibition of three of the most powerful *bacteria-cides* (for want of a better name), each of which has been used in numberless instances as a prophylaxis against yellow fever. One of the chief merits of Dr. Scott's system, however, consists in the alternation or sequence of the remedies, by which means their exhibition can be kept up for a prolonged period without exciting repugnance in the patient and without damage to its digestive powers. Upon the contrary, the effect is immensely tonic. Dr. S. recommends that at the first appearance of the fever all the unacclimated persons, or persons who may fear an attack, should be put upon the regimen indicated, and be kept upon it until the period of general safety has arrived. He has mentioned instances where it has been continued for four months or more. The results, he declares, are that in a great number of instances, unacclimated persons have passed safely through an epidemic closely alongside of such who, without the safeguard, have taken the disease; and that in cases where, in spite of the prophylaxis, yellow fever has been contracted, they have been invariably of a mild and controllable type.

Dr. Scott has the greatest confidence in the system he has proposed; and although he exhibits the natural enthusiasm of the originator, he is a careful physician, of great practical experience in the matters of which he speaks, and his counsel is entitled to great weight. Besides this, his method has had the endorsement of the medical press, and, what is of more worth, of many practitioners in fields where yellow fever commits its ravages.

It seems that the plan is rational, and that if there be anything in prophylaxis, we would put our faith in such as this.—*London Med. News.*

**Chloride of Calcium for Phthisis.**—Dr. Jas. Sawyer, in British Medical Journal, says:

I suppose we are all agreed that cod liver oil, given alone, or variously combined with other agents which tend to promote its assimilation, as with ether, as suggested by Dr. Foster, stands at the head of remedies calculated to promote the general nutrition of the phthisical. Have we any other general remedy? For a long time I trusted to syrup of the iodide of iron. This I gave up for a mixture of hypophosphites and iron—five grains of hypophosphite of lime, ten grains of hypophosphite of soda, and fifteen minims of syrup of the phosphate of iron, for a dose. This is a good combination and I still use it. But chloride of calcium is my favorite drug. I have used it for some years in hospital and private practice, and I believe with great advantage. Perhaps you will say: Do you give it alone? I do not. I give it with cod liver oil, or with cod liver oil emulsion, or with morphia, or

with ergot; but my general impression is, *quantum valeat*, that I get better results with chloride of calcium with these combinations than I do with anything else in the same combinations.

My attention was called to the value of chloride of calcium in phthisis by a paper in one of our medical journals, wherein it was stated that the drug was much used by the late Dr. Warburton Begbie. Scarcely mentioned, if noticed at all, in books on drugs, chloride of calcium has an old repute for the cure of strumous glandular swellings. In phthisis I give ten grains, dissolved in a drachm of water and mixed with a drachm of glycerine, in a wineglass full of milk, twice daily, immediately after meals. I think it tends to check night-sweats, to cause increase of weight, and to dry up pulmonary lesions. Of course I do not maintain it does these things in all cases. What I have stated are general conclusions, open to objections, but conclusions which are for me grounds of therapeutic conduct. In prescribing chloride of calcium, we must be careful to write the name of the drug distinctly and in full, in order to avoid an error from which one of my patients suffered, namely, the substitution of "chloride of lime."

**Iodide of Ethyl in Dyspnœa.**—Dr. Robert M. Lawrence, of Boston, in an article on this subject, reported in New York Medical Record, June 10, 1880, submits the following cases:

*Case 1.* Katharine N——, aged fifty, short and of slender build, unmarried, tailoress, first came under the writer's care at the Boston Dispensary, in October, 1876. She had been a martyr to asthma and chronic bronchitis for twelve years. Frequent paroxysms of dyspnœa had greatly reduced her strength, and her sufferings were unusually severe. During the next two years, trial was made of nearly every known remedy, but without much benefit. Tonics and alteratives seemed of no avail.

The nitrite of amyl gave some relief, but was dreaded by the patient on account of its disagreeable physiological effects. In February, 1879, trial was made of ethyl iodide. The result was remarkable. Not only was the dyspnœa relieved, but there was no recurrence of it for several hours, and a good night's rest was obtained. Similar favorable results have followed each inhalation. At the present time, May, 1880, the attacks of dyspnœa are few and far between, and much less severe than formerly.

*Case 2.* James B——, aged fifty-six, slender built indoor man, contracted spasmodic asthma in the army in 1865, and has been subject to it ever since. He had attacks of dyspnœa frequently in the early morning. Has tried most of the usual remedies. In February, 1879, began inhaling ethyl iodide, and found that it gave positive relief. When used at the commencement of a paroxysm, it had the effect of rendering the latter abortive. A decided amelioration of symptoms followed its continued use.

*Case 3.* Thomas A., aged fifty-seven, plasterer, has had nervous asthma for sixteen years. It first supervened on an attack of bronchitis. Paroxysms of dyspnœa were frequent, and lasted some hours. Was obliged to sit up at night. After trial of different remedies, began inhaling ethyl iodide February 14, 1879. Marked relief followed. After

several weeks of this treatment, the paroxysms, which had steadily diminished in number, at length ceased altogether.

April 16, 1880. Patient has been free from dyspnoea for a year past, though his respiration is still wheezy.

*Case 4.* Mary M—, aged forty-five years, married, dark complexioned, rather stout, contracted asthma in the following manner: Sixteen years ago, while engaged in frying salt pork, the patient, through some mishap, was nearly suffocated by smoke. An attack of asthma ensued, and she has since been subject to that affection. Paroxysms, on an average, three times weekly. Had tried the ordinary remedies.

April 14, 1880. Half a drachm of the drug was put into a little vial and the patient inhaled the vapor. After three minutes the breathing was easier, and that condition lasted for three hours.

May 4. Has continued to practice three daily inhalations of ten minutes, and had no attack last week.

May 22. She states that the medicine has given more relief than any previous treatment.

*Case 5.* Elizabeth P—, married, aged forty-four years, of nervous temperament, has been subject to a difficulty in breathing for eight years past, which is much aggravated by frequent attacks of bronchitis.

May 19, 1880. After 5 minutes inhalation of ethyl iodide, there was marked exhilaration of spirits and some hysterical laughter. This phase was shortly succeeded by a feeling of invigoration and greater ease in breathing. This condition, together with a sensation of calmness and well-being, lasted for some hours.

May 24. The same effects have followed systematic daily inhalations.

**Toxical Effects of Tea.**—Dr. W. J. Morton, of New York, arrives at the following conclusions concerning the pernicious effects of immoderate tea-drinking:

1. With tea, as with any potent drug, there is a proper and improper dose.

2. In moderation, tea is a mental and bodily stimulant of a most agreeable nature, followed by no harmful reaction. It produces contentment of mind, allays hunger and bodily weariness, and increases the incentive and the capacity for work.

3. Taken immoderately, it leads to a very serious group of symptoms, such as headache, vertigo, heat and flushing of the body, ringing in the ears, mental dullness and confusion, tremulousness, nervousness, sleeplessness, apprehension of evil, exhaustion of mind and body, with disinclination to mental and physical exertion, increased and irregular action of the heart, and increased respiration.

Each of the above symptoms is produced by tea-taking in immoderate quantities, irrespective of dyspepsia or hypochondria, or hyperæmia. The prolonged use of tea produces additional symptoms of these three latter diseases. In short, in immoderate doses, tea has a most injurious effect upon the nervous system.

4. Immoderate tea-drinking, continued for considerable time, with great certainty produces dyspepsia.

5. The immediate mental symptoms produced by tea are not to be

attributed to dyspepsia. In experimenting upon himself, the whole group of symptoms was produced, with no sign of digestive trouble superadded.

6. Tea retards the waste or retrograde metamorphosis of tissue, and thereby diminishes the demand for food. It also diminishes the amount of urine secreted.

7. Many of the symptoms of immoderate tea-drinking are such as may occur without suspicion of tea being their cause: and we find many people taking tea to relieve the symptoms which its abuse is producing.—*Journ. of Nerv. and Mental Diseases.*

**Eucalyptus Globulus.**—I have used this in the place of a specific for diphtheria—positively saving lives with it. If used early in the disease, it will prevent the membrane from forming in the fauces; and even after it has formed, but before any destruction of tissue, it will remove it quietly and gradually, so as to leave no disfigurement whatever in the parts. If the fever is high, give large doses of it. I have given a quadruple dose, repeating every forty minutes for a few times in a case where the fever momentarily threatened the extinction of the patient, thereby causing him within three hours, to emerge cool and calm, not only from the fever but from the disease itself. I associate this remedy with chlorate potass—alternately, using the latter as a gargle. I sprinkle the eucalyptus also on the meat applied to the throat externally.

It is an efficient remedy, while it is much more merciful to the nerves than quinine is. I will mention a peculiar sequel of the treatment in one case, and leave the reader to judge of the probable cause. There was a swelling of the glands of the throat—slight on the right but immense on the left, the fever being very high at the time. I had just commenced the treatment by eucalyptus, but the doses were ineffectual on account, as I afterward found, of their being much too small (the ordinary doses). I applied to the swelling on the left side, the “druid’s hot hand,” a peculiar but powerful counter-irritant and anodyne, but did not suppose it necessary to apply the same to the right side. It did its work, while the heroic in eucalyptus, immediately following, soon aborted the disease. An extremely desperate case was quickly cured. Soon a salivation on the right side established itself and continued seven weeks, while all the time the patient (?) was apparently enjoying splendid health. At first the discharge was thick to the feeling of the mouth, and profuse, then became thin and limpid. I determined to do nothing for it, and watched it with some curiosity. Now it is all gone.—*Ther. Gazette.*

**On Tonga.**—The results obtained from Tonga by Drs. Ringer and Murrell fully coincide with mine. I have notes of cases of brain and kidney disease in which tonga alone succeeded in removing pain. I shall, however, confine myself to reporting the effects upon the eye. Some months ago, when commencing experiments with tonga, I had the notion—the result of conversation with patients from the Fiji Islands—that the drug might have a specific effect upon nerves which are instrumental in pain.

Of the three preparations, tonga in a bag, the watery extract, and

the alcoholic extract, I found the alcoholic extract alone reliable. When dropped into a healthy eye it seems to increase the power of accommodation, to approach the nearest point of distinct vision, without affecting the size of the pupil (though in some cases, taken in large dose internally, it caused great dilatation of both pupils). It acted beneficially in several cases of asthenopia. The sister in the eye wards gave it with great benefit to a man suffering from painful rheumatic iritis. Several patients with intolerance of light were rapidly relieved.

A most striking effect was obtained upon diminished tension of the eyeball. Two months ago a lady consulted me for intense pain in the right eyeball, with marked decrease of tension (T—2), intolerance of light, and watering, the pupil and cornea being clear, with some conjunctival redness. The intense pain had deprived her of sleep for several nights. Some of the alcoholic extract of tonga was dropped into the eye at 2, 5, 7 and 9 p.m. The following day all intolerance of light had ceased, and she had passed a good night, free from pain. She stated that the drops caused no pain, but a sense of warmth, and that the pain in the eye subsided gradually; their use was continued for several days. Remarkable was the rapidity with which the tension of the eyeball became normal and remained so.

All cases of neuralgia (supra and infra-orbital branches of the fifth nerve), with swelling of the temporal veins during the attack, were benefited. In these a teaspoonful of the extract in half a tumbler of water, and two or three more at an interval of half an hour until the pain subsided, were given.—Dr. Bader, in *Lancet*.

**Diabetes and Sepsis.**—When an individual, apparently in good health, suffers from a progressive gangrenous or ulcerating lesion, for instance on the extremities, when there seems to be no infecting cause, and when all irrigations with carbolic acid prove useless, it is high time to look for diabetes.

This disease causes, very often, these obscure septic processes, and these require rather regulation of diet, with omission of all hydrocarbons, than disinfection with carbolic acid. Correct diagnosis is, in such cases, a matter of the greatest importance, since many patients might be saved if put on the right diet at a sufficiently early period.

Up to the present time three prejudices have often frustrated the diagnosis.

1. It was considered incredible that an individual apparently in good health could have diabetes. By some it was supposed that this disease always produced great thirst and emaciation, and generally cachexia.

2. It is now the fashion to believe that all gangrenous ulcers are caused by bacteria, and to remove these by carbolic acid without searching for any constitutional cause.

3. Even if the diabetes is discovered it is still questioned whether it is the cause of the gangrene, and whether an advanced diabetes can be cured to such an extent that the septic process will cease.

These prejudices are combated by such cases as the following :

Mr. C. R., aged forty-two years, consulted me in June, 1878, on account of progressive gangrenous phlegmasia of the foot. The gangrene involved four toes, spread along the outer edge of the foot to the

instep and along the sole to the scaphoid bone. The plantar fascia and superficial tendons were mostly necrotic. The inflammatory infiltration of the ulcer, the red areola, and the swelling of the whole foot, indicated the continuous progress of an infectious phlegmasia. Experience taught me to look for diabetes. This was found present. I then advised animal diet. Although this was not carried out quite to the letter, a quick and noticeable improvement occurred, the gangrene ceased, granulations appeared, and the necrotic portions exfoliated.

The patient entered my clinic July 4, 1878, and Prof. Kulz, our colleague, so familiar with diabetes, had the kindness to watch the diet and the excretion of sugar. He succeeded in reducing the percentage of sugar, which was at first seven per cent. to a mere trifle. After the lapse of ten weeks it was quite plain that a resection of the metatarsal bone of the great toe and of the head of the second metatarsal bone would be necessary, while the rest of the foot could be saved. This was done, and the wounds healed by first intention, so that the patient was able to leave the clinic November 16. He was ordered to continue the animal diet and has since been well.

I might also report two other cases quite similar to this. I have also seen a number of patients, shortly before death, caused by gangrenous or phlegmonous processes, who might probably have been saved had the diagnosis been made in time.—*Med. Gazette.*

**Wolfe's Operation for Cataract.**—The London Medical Times and Gazette states that Dr. Wolfe's method of obviating the risk of failure in cataract extractions is thus noticed in the current number of the *Centralblatt für Practische Augenheilkunde*.

In cases of infantile cataract, Dr. Wolfe opens the capsule, and two or three days later he removes the softened lens with a broad needle, rendering, thereby, the use of pumping unnecessary. In senile cataract he makes, two or three weeks before, a narrow iridectomy downward, in such manner as not to interfere with the ciliary border of the iris. For the removal of the lens he uses speculum, forceps, and Graefe's knife, with which he opens 1" more than the third part of the corneal circumference at its scleral border, leaving a narrow bridge. Speculum, knife and forceps are then put aside, the capsule is opened, the bridge divided with a very small cornea knife, and the cataract removed by soft digital pressure.

The use of chloroform is avoided.

Traumatic cataracts, when *in situ*, are treated in the same manner; when dislocated forward, they are extracted without iridectomy; when luxated backward, they are brought into the anterior chamber and then removed. We recently had an opportunity of witnessing the elegant performance of this operation, and convinced ourselves of the safety of the method.—*Med. and Surg. Reporter.*

**Ovariectomy.**—On Friday, June 11th, Mr. Spencer Wells performed ovariectomy for the one thousandth time. When we remember how many thousand hours of thought and anxiety, in addition to direct surgical labor, this unparalleled feat represents, we may well admire the completion of a Herculean task; yet sober reasoning gives us yet more cause to admire its commencement, both as a credit to surgical



science and to the great contemporary operator himself. The thousandth case was the brilliant consummation, under relatively easy conditions, of a struggle commenced under diametrically different auspices.

Let us bear in mind what the word ovariectomy implied when it caught the ear of any surgeon in December, 1857; then let us reflect on the present position of the operation.

In addition to Mr. Wells' long list of cases, we have long tables of statistics of operations by other surgeons, which, but for Mr. Wells' example, might have been, at the least, much shorter. Fairness leaves us room for but one opinion as to whom honor and credit are due.

**What Becomes of Blood and of Different and Indifferent Foreign Bodies in General in the Joints.**—Fresh blood which had been injected into the kneejoint of rabbits became, after a half hour, partly coagulated, and remained partly in its liquid state. After  $1\frac{1}{2}$  to 15 hours, the liquid portion had disappeared from the joint; the third part of the blood injected adhered, in a coagulated condition, to the wall, and was already on the third day lined with the endothelium of the sac, and traversed by cellular bands.

Those coagula found loose in the articular cavity were also coated with layers of cellular tissue.

On the tenth to fifteenth days all coagula had disappeared; for several weeks following there was only pigment noticed on the wall of the sac. Indifferent and well disinfected bodies (slate chips, sand, well chopped gauze) introduced into the cavity produced at first swelling of the joint, and became also coated with endothelium.

Particles of iron, however, did not become encysted, and organic substances (well pounded muscular fibres) were absorbed like blood. Completely boiled globules of quicksilver caused suppuration in the joint followed by abscesses spreading into the soft parts.

**Asthma.**—Dr. Sheffer, of Bremen, thinks that in most cases of asthma there will be found, on examination, chronic inflammation of the upper parts of the air passages (pharynx, larynx and trachea). These should always be attended to first. Then the asthma may be cured by the judicious use of an induced current of electricity. The currents should not be very weak, and the electrodes should be placed on each side of the neck.

Dr. S. does not claim that this will effect a cure in all or even in the majority of cases, but he reports sixteen cases thus treated with eight cures. Considering the nature of the disease, these figures are sufficiently encouraging to lead one to try the treatment with electricity, especially as no harm can result. Dr. S. thinks it of especial importance to first treat any inflammation of the pharynx.—*Physician and Sur.*

**A Certain Remedy for Diphtheria.**—The Boston Medical and Surgical Journal, April 8, 1880, states that Henri Bergeron reports that hydrofluoric acid evaporated in the proportion of one gram to each cubic meter in the sick-room, and thus inhaled by the patient, is a certain remedy for diphtheria. Three hours should be consumed in the evaporation.

He says that all who submitted to this operation for forty-eight hours recovered.—*Med. Gazette.*

## SCIENTIFIC ITEMS.

**Explosive Combinations in Pharmacy.**—We select the following items from an interesting article on dispensing in the London Chemist's and Druggist's Almanac for 1880 :

Chloride or iodide of nitrogen is formed by the addition of chlorine or a chloride, or iodine or an iodide, to ammonia; and this compound is liable to violent explosion on coming in contact with phosphorus, iodine, arsenic, olive or cod-liver oil, turpentine, etc.

Tincture of iodine and ammonia are often prescribed together, and iodide of nitrogen is necessarily produced. The rarity of accidents is due to the fact that the iodide is not free from water.

Mr. Rice, in New Remedies, mentions an explosion resulting from the preparation of the following prescription, iodide of nitrogen being evidently the cause :

R Iodini ..... gr. xv.  
 Līn. campho. co..... gr. lx.  
 Līn. saponis co..... gr. lx.

A concentrated solution of iodine and iodide of potassium was filtered through paper. The next day the filter was touched to be removed, when the paper and funnel broke into atoms with a loud explosion.

Concentrated solutions of permanganate of potash in alcohol are liable to explosion, and bichromate of potash in alcohol may ignite the latter. Aqua regia will also often cause an explosion with alcoholates or essences.

Chlorate of potash mixed dry with tannin is dangerous, and an explosion has resulted from its mixture with muriate of morphia.

The following prescription was presented at a pharmacy in New York; it cannot be prepared without an explosion :

R Lactis sulphuris..... gr. iij.  
 Antimon. sulph. aurant..... gr. iij.  
 Zinci valerian..... gr. j.  
 Potass. chlorat..... gr. ij.

The addition of nitrate of silver to essence of bitter almonds to remove the hydrocyanic acid has been followed by ignition.

The following compounds have at different times caused more or less serious accidents :

R Calcis hypophosphitis..... gr. viij.  
 Potassæ chloratis..... gr. xij.  
 Ferri lactatis..... gr. v.

The trituration of hypophosphite of lime alone has sometimes resulted in an explosion. A man was killed at Erfurt while drying one kilogramme of the salt in a sand bath. It is said to be most dangerous if quite pure.

R Glycerini ..... f3 ij.  
 Acidi chromici..... ʒj.

This mixture can be made by adding the acid to the glycerin by very slow degrees.

A mixture containing chlorate of potash, tincture of perchloride of iron, and glycerine once burst in the pocket of a patient.

Pills containing oxide of silver are liable to inflame if they become warm. They have taken fire in the pocket of a customer, causing severe burns.

Other compounds liable to inflame during or after preparation are permanganate of potash and extract of milfoil, permanganate of potash and reduced iron in pills, golden sulphuret of antimony and chlorate of soda in pills.

It is always dangerous to associate glycerine or, in general, any de-oxidizer with easily-reducible compounds, such as permanganates, chromic acid, the chlorates, and some organic acid.—*Boston Journal of Chemistry*.

**Auditory Nerve.**—M. Mathias Duval, in a recent communication to the Societe de Biologie, Paris, reported the results of examinations made by him on the origin of the auditory nerve.

Several years since Prof. Cyon, of St. Petersburg, announced that this nerve served two functions, or rather consisted of two functionally distinct nerves, one supplying the sense of hearing, and the other connected with the semi-circular canals which have long been known to have to do somewhat with the maintenance of equilibrium, supplying a new sense—the sense of space. It is also well known that the cerebellum appears to have some function connected with the equilibration of the body, vertigo being the constant symptom of its lesions, as it also is of certain disorders of the auditory apparatus, such as Meniere's disease or aural vertigo. Now, according to Mr. Duval's recent researches, the auditory nerve, the portio mollis of the seventh pair, arises from two distinct roots, one of these, the posterior, originating in the nucleus described by the majority of authors, as that for the nerve of hearing; and the other, the anterior, arising from a motor nucleus, some of the fibers, however, being traced back to the cerebellum. Putting all these facts together, M. Duval considers that the anterior root serves the sense of space, of which the semicircular canals are the peripheral organs.—*Chicago Gazette*.

**The Polyscope.**—By its use the whole mouth can readily be illuminated by the electric light without the slightest inconvenience or discomfort to the patient, and a most perfect cautery can be obtained when required for the destruction of sensitive dentine, nerves, etc.

The perfection to which this instrument has been brought was due to M. E. Brasseur and M. Troune, of Paris.—*Med. Press and Circular*.

**Bones and Sugar.**—According to the *Chemiker Zeitung*, the battlefields of the year 1812 in Russia are still carefully sought over for bones, which are converted into bone-black. It may thus happen that a man of the present day may consume sugar which has been decolorized and purified by means of the bones of his forefathers.—*Boston Journal of Chemistry*.

## PRACTICAL NOTES AND FORMULÆ.

**The Vomiting of Pregnancy.**—A medical friend of Iowa writes:

In the July number of the Record I see a remedy for nausea in pregnancy, as well as useful in flatulent dyspepsia, for which it was first suggested by Dr. Wood. U.S.D., and methinks Dr. Wood knew about all that it was good for, and gave us the benefit of that knowledge when he recommends it for the latter trouble.

He says we are in the habit of prescribing two parcels of the mixture to take continuously, mixing one at a time. This quantity is sufficient in mild cases, but of course it must be continued longer if necessary, and if the complaint returns in the course of three or four weeks a few pints more will be needed, or, in other words, you give the pregnant woman a placebo and let her worry along until her enlarged womb rises from its cramped position in the pelvis, the irritated nerves are relieved and the nausea and vomiting subside.

I suggest that the Dr.—the next case he is called to treat of the kind—use bromide potass. per enema, and a little ingluvin for the stomach, as suggested in the Record a year or more ago, and he will give the roots to the dyspepsia, as Dr. Wood directs, hereafter.

**Hay Fever.**—Dr. R. H. Weber, of Philadelphia, communicates to the American Journal of Pharmacy a copy of the prescription which he has uniformly found useful in the complaint mentioned. Dr. Weber regards the iodide of potassium as the active agent, but the best results have always been obtained when combined with bicarbonate of potassium and hyoscyamus. The formula is as follows :

R	Extracti hyoscyami.....	gr. xij
	Potassii iodidi.....	3j
	Potassii bicarbonatis.....	3ij
	Ext. glycyrrhizæ depurati.....	3iv
	Aquæ anisi.....	3ivss M

Dose, a dessertspoonful every four hours, day and night, until relieved. The medicine is to be continued for at least a week, in doses of a dessertspoonful four times daily.—*Southern Practitioner.*

### For External Piles.—

R	Unguenti gallæ comp.....	
	Extracti belladonnæ.....	aa equal parts. M

Dr. David Young, of Florence, says, in the Practitioner, that of all the plans which he has adopted, none have yielded such satisfactory results as the following, viz. :

To bathe the part thoroughly with water, as warm as can be borne, together with the free use of Castile soap, and afterward to apply the above ointment. The operation must be repeated every three or four hours, till the pain subsides. Usually the first application gives great relief. Without the previous washing with soap and warm water the application of the ointment is of little service.—*Med. and Surg. Rep.*

**Alcohol and Creosote in Infants' Diarrhœa.**—We translate from the *Journal de Medecine et de Chirurgie Pratiques* :

In the diarrhœa of infants submitted to a too early nutrition, Dr. Demme, of Berne, not only recommends the breast at the exclusion of other aliments, but he also recommends alcohol, combined either with benzoate of soda or with creosote.

R	Cognac.....	2 to 5 grammes.
	Creosote .....	0,01 centigramme.
	Tar.....	1 to 5 grammes.
	Aq. dist.....	50 grammes.

To be taken every twenty-four hours between sucking.

In very young infants he begins with two grammes of alcohol which he gradually increases to five grammes.

The effect of this prescription is to stimulate nutrition and prevent the formation of too many micrococcus in the intestinal glandulas.

#### To Relieve Itching.—

R	Acidi carbolici.....	gtt. x
	Glycerinæ.....	ʒj
	Aquam, ad.....	ʒj M

Sig. To be used in an atomizer, five minutes at a time, several times daily.

This is used by Dr. Rigault, of Paris, in itching from all causes, in lichen, eczema, prurigo, etc., and with very general success wherever the irritation is nervous rather than mechanical.—*Med. and Surg. Rep.*

**Tonic Glycerine.**—Where cod-liver oil cannot be tolerated, the following "tonic glycerine" may be substituted :

R	Pure glycerine.....	ʒ x
	Tinct. iodine.....	gtts. xxx
	Potass. Iodid .....	gr. v

Dose, a tablespoonful a quarter of an hour before each meal.—*Med. and Surg. Reporter.*

**Application for painful Hemorrhoids.**—The Magazine of Pharmacy gives the following as a valuable application for painful hemorrhoids :

R	Extract of henbane.....	ʒ 2½
	Powdered saffron.....	ʒ 2½
	Acetate of lead.....	ʒ 1
	Glycerole of starch.....	ʒ 1

Mix and apply to the parts three or four times a day.

**Fetid Perspiration of the Feet.**—Dr. Ortega, in *La Gazette Medicale de l'Algerie*, reports a case of a man with exceedingly offensive perspiration of the feet. A simple washing in a solution of chloral, one per cent., followed by the wrapping up of the feet in a cloth saturated with the same solution immediately and completely removed the fetidity.

**Cholera and Diarrhœa.**—Dr. Permar, in *Lancet* and *Clinic*, recommends the following :

R Tannic acid.....	ʒj
Creta prep.....	ʒj
Jamaica ginger.....	ʒ iij
Tinct. peppermint.....	ʒj
Tinct. opil.....	ʒ ij
Tinct. camphor.....	ʒj
Brandy, best.....	ʒ vi

Dose, a teaspoonful every three hours. A good remedy in bowel troubles.—*Ex.*

**For Amenorrhœa from Torpidity of the Ovaries.**—Prof. Goodell recommends the following :

R Ext. aloes.....	ʒj
Ferri sulph, exsic.....	ʒ ij
Assafet.....	ʒ iv

Mix and make into 100 pills. Dose, one pill after each meal, to be gradually increased to two, and then to three pills after each meal. Lessen the dose when the bowels begin to act too freely.—*Ex.*

**Enema for Dysentery.**—When ipecacuanha cannot be given by the mouth, Surgeon W. King says, in the *Lancet*, he has derived the greatest advantage from the following :

R Bismuthi subnitratls.....	ʒ ij
Tinct. opil.....	ʒ ss
Pulv. ipecac.....	ʒ ij
Mucilaginis.....	ʒ iij M

Sig. For an enema, to be thrown up after first gently cleansing the bowels by an enema of lukewarm water.—*Med. and Surg. Reporter.*

**Chronic Constipation.**—Dr. Clark, in a paper read before Wayne County Medical Society, suggests the following formula as excellent in obstinate chronic constipation :

R Ext. Rhanni, Purch. (Cascara).....	ʒj
Ext. Belladonna.....	ʒj
Tinct. nux vomica.....	ʒ ij
Syrupi et aque, aa ad.....	ʒ iv

Dose, a teaspoonful thrice daily.

**Remedies for Purpura.**—Five drops of muriatic acid in a wine-glass of water three times a day, alternated with teaspoonful doses of muriated tincture of iron, has been highly recommended.

R Glycerine.....	ʒ iv
Tinct. digitalis.....	ʒ iij
Dilute phosphoric acid.....	ʒ iij M

Dose, a teaspoonful three times a day.

This is often very prompt in controlling the hemorrhage, but its administration requires caution.—*N. Y. Med. Journal.*

**Ice to the Abdomen in Typhoid Fever.**—At a recent *seance* of *La Societe Medicale des Hopitaux*, M. Labbe called attention to the efficacy of ice application to the abdomen in typhoid fever, complicated or not. He related the case of a young girl attacked with typhoid, whose temperature exceeded 104°, and who appeared at the last extremity, who under the influence of this treatment was perfectly cured. M. Labbe claims for this procedure a considerable lowering of the temperature and a notable amelioration of all the other symptoms.

#### Cough Mixture.—

R	Syr. pruni virg.....	3 ij
	Syr. scillæ.....	3 j
	Syr. ipecac.....	3 j
	Tinct. opii camphorat.....	3 j
	Carb. ammoniæ..	3 ℥ss
	Aq. qs. ad. ....	3 vi

Dose, a teaspoonful every two or three hours.—*Ex.*

#### Chloroform Cough Mixture.—

R	Morphia acet.....	gr. ij
	Tinct. belladonnæ.....	3 ij
	Spts. chloroformi.....	3 vi
	Syr. senegæ.....	3 j
	Syr. pruni virg. ad.....	3 iv

Dose, one teaspoonful three times per day.

—*Arkansas Med. Monthly.*

**Treatment of Poisoning by Rhus Toxicodendron.**—Dr. J. H. Egan, of Tennessee, writes :

My treatment for this distressing eruption has been, for years past, the topical application of fluid extract *grindelia robusta*, either pure or diluted as the exigencies of the case demanded. In no case have I failed to afford immediate relief.

**Eucalyptus for Wounds.**—The fluid extract of eucalyptus is strongly recommended as a local application for wounds. Having antiseptic properties it is likely to come into general use as an application to gangrenous surfaces and offensive ulcerations of all kinds.

**Picrotoxin in Night Sweats.**—In doses of 1-120 to 1-60 of a grain, Dr. William Murrell found picrotoxin to arrest the night sweats of phthisis, in nineteen out of twenty cases. He gave the dose mentioned in simple aqueous solution, at bedtime.—*Practitioner.*

*Dr. C. M. Gibson writes*—Will some of my medical friends, through the "Record", give their experience with the use of Pessaries for prolapsed uteri? Also, any other modes of treatment of the same, &c. Please mention what kind of Pessary was used, and oblige a subscriber of the "Southern Medical Record."



## EDITORIAL AND MISCELLANEOUS.

~~Re~~ Subscribers in arrears are requested to remit at once. We desire our friends not to send money to third parties for us, if it can be avoided. The mail is the best and safest medium and gives least trouble to all parties.

*Correction.*—The article, in our June number, on "*Sulphide of Calcium in the Treatment of Suppurating Buboes*," credited to the New York Medical Record, should have been credited to the New York Medical Journal, written by F. N. Otis, M.D.

*The Fourth Annual Meeting* of the Dermatological Association will be held at the Ocean House, Newport, R. I., on the 31st of August, and the 1st and 2d of September, 1880. Many interesting papers will be presented.

*Monument to Claude Bernard.*—Dr. E. C. Seguin, of New York, has been appointed by the Paris Committee to solicit subscriptions in behalf of a monument to the late Prof. Claude Bernard, the illustrious physiologist. He should be addressed at 41 W. Twentieth street, New York.

*The Southern Medical College.*—The outlook for this new and rapidly rising Institution is very encouraging for the next session, which opens on the 13th of October next, as may be seen by advertisement in this Journal.

Facilities of a superior kind, not mentioned in the catalogue, will be furnished the students of this Institution. In fact it is believed that few schools can be found in the United States that can furnish superior advantages to those provided by the Southern Medical College.

*Bogus Diplomas.*—Recent disclosures show that the bogus diploma factory—at the head of which is one Prof. John Buchanan, of Philadelphia—has been running a brisk business for many years. The names of thousands of parties are published who hold these spurious diplomas, amongst whom we note some well known practitioners of Georgia. At present we publish no name, but may do so hereafter.

Legal proceedings have been instituted against the so-called College, and all those who hold and have been practicing under the bogus diplomas are liable to prosecution and heavy penalties, and it is the duty of our State Medical Boards to prosecute all such parties.

*Wm. R. Warner & Co.*—The most beautiful pocket drug case we have yet seen is one presented to us by that staunch and liberal establishment, the House of Wm. R. Warner & Co., Philadelphia.

The case is a beautiful red morocco of convenient size for the pocket, and contains ten two drachm phials filled with parvules of various kinds. These parvules are, as the name implies, very small and contain fractional doses of choice medicines.

We have found the parvules very convenient in practice, as we can graduate the dose to any required quantity without the trouble of compounding or mixing, which, to a physician in active practice, especially in the village or country, is a matter of no small importance. It saves time, trouble and annoyance, and at the same time assures accuracy of dose and purity of the medicine, as the drugs emanating from the House of Wm. R. Warner & Co. have an established reputation for integrity and reliability.



*DOCTOR TANNER'S FAST.*

So far as we can ascertain, the recent extraordinary fast of Dr. Tanner in New York, was bona fide and conducted fairly. If so, it furnishes the scientific world with the fact that it is possible, under favorable circumstances, for a man of strong will and good physical constitution, to abstain from food for a period of forty days. We say under favorable circumstances, because the instances are numerous in which parties deprived of food have survived for a period of only a few days.

Many years ago the steamship *Medusa* was disabled with 150 on board who remained upon the vessel thirteen days before discovered, without food or drink. Only 15 out of the 150 were alive at the end of 13 days. Usually on the fifth or sixth day delirium sets in, the sufferer rapidly sinks and dies.

In the Tanner case water was allowed, and the fact is shown that water and atmospheric air are more important factors in the sustenance of the human frame than heretofore supposed.

It would be a great comfort to know absolutely whether or not the experiment was fairly conducted. Upon this point we were very skeptical until we received the subjoined letter from Dr. Low, an intelligent medical gentleman with whom we are intimately acquainted, and who was one of the watchers in the case, since which we have confidence in the fairness of the experiment.

The letter was written on the 30th day of the fast. Subsequent reports showed but little change in the symptoms, save an increase in the frequency of the attacks of vomiting and the increased debility.

The first food taken was a glass of milk followed by a portion of water mellow and the chewing of large quantities of beefsteak, and swallowing the substance. Wine was also taken and, after a day or two, stewed potatoes and other food in great abundance, from which he rapidly recuperated and gained flesh wonderfully fast.

W.

*New York City, July 27, 1880.*

DEAR DOCTOR: I passed to-day four hours with Dr. Tanner. The Doctor is an Englishman by birth, forty-nine years old, about five feet six inches in height, symmetrically formed, of a bilious, nervous temperament, and while, I think, under ordinary circumstances, would be genial and good disposed, is, from his long fasting, rather irritable.

He is in Clarendon Hall, situated on Thirteenth Street. It is quite a spacious Hall with a rostrum of six feet wide across its entire width both in front and rear, and on the latter of which lies the Doctor on his cot, surrounded by his watch, while below, in the large reception hall sit the visitors, and on the front rostrum is a piano, and he is favored with music by both ladies and gentlemen visitors, and not unfrequently by full bands of music, which the Doctor seems to enjoy very much and evinces his appreciation by the clapping of his hands.

The Doctor, for a number of days at the commencement of his fasting, drank no water, from which cause he complained of great nausea which afterward was relieved by small draughts of water, while large drinks of water would bring on the nausea.

I took the Doctor a paper. He does not read anything himself, or at least very little, but has the papers read to him daily. He takes morning and evening rides in the Central Park of about ten miles, always attended with three of the watch. His watch is composed of doctors of the various schools, allopathic, eclectic and homeopathic. The Doctor, about two o'clock, walked down stairs, with a firm step to the audience room, was weighed—weight 130 pounds—losing on an average about one

pound per day, original weight 157½ pounds, this being his thirtieth day. He occupied his lower cot about half an hour and returned up the steps to his cot on the rostrum—his upper cot.

The specific gravity of his urine is to-day 1010; it has been as high as 1030, and as low as 1004, varying, of course, according to the quantity of water drank. Tested to-day with the nitrate of silver, the urine threw down the nitrate of lime, showing clearly too much phosphate of lime in the urine. He had been drinking some, as was supposed, very pure water that had been sent him, but when analyzed proved to contain a superabundance of lime. A great deal of water is sent to the Doctor, supposed to be by the donors very pure, but it is tested thoroughly.

The Doctor has not had an action on his bowels for the thirty days, and says he has gone before as long as forty-seven days without one. The large quantity of urea in the urine goes to prove that he has taken no food.

The regurgitation of the bile causes sickness of the stomach, which he says he will continue to have until the expiration of the forty days. He is troubled with flatulency; and the gas passes up and down, both night and day, which affords his stomach great relief.

It is now claimed that he has thirty pounds more of flesh that he can lose and still live. He drank in the four hours yesterday 3½ and 3½ of water, bathed his head once in rain water, and slept one hour during the time.

His strength was tested on yesterday by the dynamometer; he pressed down 85 with his left hand and only 80 with his right hand. Upon a second trial with his right hand he fell back a point or two.

His respiration at two o'clock was 14. His circulation tested by the sphygmograph indicated 84 per minute, and more normal than it had been for several days. Temperature 98.

You would be surprised to see how well he keeps up under all the circumstances. His complexion is fine, and he seems to have that degree of will and nerve power that will bear him up or sustain him until the expiration of the forty days.

### BOOK NOTICES.

**THE SURGERY, Surgical PATHOLOGY and Surgical ANATOMY of the FEMALE PELVIC ORGANS**, in a series of plates taken from nature, with commentaries, notes and cases, by Henry Savage, M.D., Lond., Fellow of the Royal College of Surgeons of England, etc. Third edition, revised and greatly extended; 32 plates and 22 wood engravings, with special illustrations of the operations of vesico-vaginal fistula, ovariectomy and perineal operations.—New York, Wm. Wood & Co., 27, Great Jones Street, 1880.

This is one of the most instructive and useful works of the series of standard authors being issued by Wm. Wood & Co. The illustrations are superior to anything we have seen in gynecological works heretofore published.

**NASO-PHARYNGEAL CATARRH**, by Martin Coomes, M.D., Professor of Physiology, Ophthalmology and Otology in the Kentucky School of Medicine; Member of the American Medical Association; of the Kentucky State Medical Society, etc., etc.—Louisville, Kentucky, Bradley & Gilbert, Publishers, 1880.

This is an illustrated work of 165 octavo pages, in plain type, neatly printed. It is practical and must prove exceedingly useful, containing much valuable information for the practitioner.

**TREATISE ON THERAPEUTICS:** Translated by D. F. Lincoln, M. D., from the French. A. Trousseau, Prof. of Therapeutics in the Faculty of Medicine of Paris, Physician to Hotel Dieu, etc., etc., and H. Pidoux, Member of the Academy of Modern Honorary Physicians to Hospitals. Ninth Edition. Revised and enlarged with the assistance of Constantine Paul, Prof. of Agrege in the Faculty of Medicine, Paris, etc. Vol I. New York, William Wood & Co., 27 Great Jones St., 1880.

A work of 302 octavo pages, plain, practical and easy to be understood. Useful to the practitioner, and especially so to the student of medicine.

**THE STUDENT'S DOSE-BOOK AND ANATOMIST COMBINED.**  
By C. HENRI LEONARD, A.M., M.D., Professor of Medical and Surgical Diseases of Women and Clinical Gynecology in Michigan Medical College, etc.

Part I. The Multum in Parvo Reference and Dose-Book, third revised edition.

Part II. The second revised edition. Price \$1.00. Detroit: 1880.

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### RECEIPTED.

[Receipts not acknowledged privately are entered here.]

1880.—Drs. P. S. Anderson; W. H. Wilson; E. W. Lane; Robert James; A. F. Sanders; I. F. Mooty; M. Moore; M. S. Posey; F. P. H. Akers; A. W. Rickman; B. E. Clark; G. W. Earle; S. C. Eve; Thos. S. Mitchell; I. H. Goss; Thos. J. Hendley.

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## SPECIAL NOTICES.

We have received from Messrs. WM. R. WARNER & Co. samples of their pharmaceutical preparations for the use of physicians and practitioners. These preparations have received high awards at the centennial and other international exhibitions, and have attained a considerable reputation in America.

Warner & Co.'s sugar-coated pills are extremely well made; have a smooth, elastic coating; and, if cut through, the mass within is found to be soft and easily soluble. They include phosphorus pills, containing 1-50 of a grain of phosphorus in each; have been especially praised by the judges on account of the completeness with which the phosphorus is diffused and subdivided whilst it is protected from oxidation.

**COCA** (*Erythroxylon Coca*).—The properties of this drug have long been familiar to the natives of Bolivia and Peru, to which countries it is indigenous. It is a powerful nervous stimulant, and increases the power of the muscular system to sustain fatigue. It has also a pleasant, general, excitant influence, removing fatigue and languor. Its effect on the brain is to stimulate that organ to greater activity, and to relieve the mind of the depression incident to worry and anxiety.

Considerable interest has been excited in this new remedy by the report of Prof. E. R. Palmer, M.D., of the University of Louisville, on its efficacy in the treatment of opium habit.

A pure article of coca is furnished by **PARKE, DAVIS & CO.**, Detroit, Mich.

We would call attention to the advertisement, on page 9, of Messrs. **HENRY THAYER & CO.**

This is an old and honorable house, having been established in their branch of Pharmaceutical Chemistry over thirty years.

All of their preparations are faithfully made of full strength, elegant in appearance, and have deservedly won a wide reputation. Physicians and druggists may depend upon the correctness and accuracy of any preparation bearing their label.

Their list of new Fluid Extracts is extensive, and the genuineness of indigenous raw material is certified at the Botanical Gardens of Harvard University.

T H E

# Southern Medical Record.

EDITORS:

T. S. POWELL, M.D.    W. T. GOLDSMITH, M.D.    R. C. WORD, M.D.

*R. C. WORD, M.D., Managing Editor.*

All Communications and Letters on Business connected with the RECORD must  
be addressed to the Managing Editor.

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## ORIGINAL AND SELECTED ARTICLES.

### HYDROLEINE—HYDRATED OIL.

BY J. H. EGAN, M.D., TENN.

The credit of the introduction of cod-liver oil and its various combinations in the treatment of phthisis and all other diseases where emaciation is a prominent symptom, is due to the late Dr. John Hughes Bennett, of Edinburgh. It was soon discovered that while the exhibition of one or two bottles was advantageous and served to increase weight, yet its continued administration had the contrary effect. The stomach became disordered, eructations were produced, and the remedy had to be discontinued.

This arises from an overworked liver. The largest and most fatty liver is found in persons who shew the greatest emaciation.

The lungs are placed between the veins and arteries. No venous blood is allowed access to the arterial system until it has passed through the lungs and been oxygenated. The liver is placed between the food supply and the pulmonary circulation, intercepting every particle of food that can be absorbed by the veins. Everything that can be absorbed by the lacteals and lymphatics is conveyed by the thoracic duct to the lungs, and never reaches the liver. All the venous blood, except that charged with new food, is kept out of the reach of the liver:

and conveyed to the lungs. In fine, all fats not absorbed by the portal system of veins, all the products of interstitial nutrition are carried direct to the pulmonary circulation, but all other elements must be submitted to the operation of the liver before being fit for use.

The bile is manufactured by the liver from the fat, and only the excess can reach the hepatic vein. An accumulation of oil in the hepatic vein indicates that the liver has been overtaxed. The continued overtaking of the liver renders it fatty, and in proportion as this occurs so the liver becomes more and more unable to perform its functions. We see then why for a time an emaciated patient improves under the use of oil, and why so soon as the liver becomes incapacitated from performing its function emaciation increases.

For a time it is possible to overtax any organ, and should the strain be removed, the organ at once recovers its normal state. As a corollary so soon as we find that the ingestion of oil disagrees with the patient, we ought at once to stop its use and stimulate the liver.

The best hepatic stimulants I have found are :

Elixir wahoo and wahoo and blue flag or podophyllin....	gr. 1
Alcohol.....	3 ½
Fluid extract aromatic powder.....	3 ½

A teaspoonful of either to be taken at night.

Fat is the substance we desire to exhibit, and the point with the physician is to administer in such a way that it will be taken up by the lacteals and lymphatics without straining the powers of the liver. If fat be not ingested then, as the demand for fat must be met, the system lives upon itself, producing the emaciation we desire to check.

In consumption, long before there has been a deposit of the tubercle, the fact that strikes the patient is his increasing weakness and emaciation. We make a critical examination and we are unable to explain it, as we find no disorder in any organ and, therefore, we are sure that, unless instant treatment be adopted, phthisis will result. It is in this stage that the disease is always curable.

Dissatisfaction with the action of cod-liver oil led the London physician to enquire into the matter, and the result of many years of research and experiment has resulted in placing before the profession "hydroleine." In Great Britain this preparation has supplanted both cod-liver oil and its combinations.

It is partially digested oil with water, and is sometimes denominated "hydrated oil." It is pleasant in its taste and never disagrees with the stomach. It can be exhibited indefinitely, and the immediate effect is increased weight and appetite, enabling the patient to take exercise and by that means burn up the waste tissue.

This is the great benefit derived from outdoor exercise; the chest be-

comes expanded, and fuller inspirations are made. Of my own personal experience I can state that I have never seen "hydroleine" or "hydrated oil" exhibited without the patient at once being cognizant of its beneficial effects.

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### GLEANINGS FROM PRIVATE PRACTICE.

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BY C. C. VANDERBECK, M.D., PH.D., N. J.

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What a peculiar attraction clinical reports or lectures have for the mass of medical readers! It were folly to debate the value of such reading. All know the peculiar opportunities of hospital study and work; and many of the best modes of treatment of private practice of to-day, both surgical and medical, as well as numerous instruments and appliances, had their origin in the wards of hospitals. Yet, is it not true that all over our broad land many a medical expert lives and plies his vocation in small towns and rural districts? Is it not true that many a peculiar and interesting case occurs in the countryman's practice?—one that would prove of interest even to city physicians as well as to some fellow rural doctors? Who has talked with different doctors of the country but has found out that they often possess novel ideas, and good ones too, of treatment, or of some surgical appliance? So, Mr. Editor, while you give space for the "clinics," will you for a time let me seek to group on paper such useful ideas, hints and operations as I may gather from physicians removed from clinics and hospitals.

During a recent conversation with Dr. Junkin, of Easton, Pa., some useful ideas were given as regard women's diseases. In using nitrate of silver for the inner membrane of the womb, in lieu of a porte caustic, he uses a platinum wire of sufficient length, coating the end thoroughly with the silver, and in this manner:

Grasping a piece of silver nitrate with a pair of tweezers, hold it near a flame from a spirit lamp, while the opposite hand holds the end of the wire in the flame until hot enough to pierce for some distance the silver. Allowed to cool the nitrate will be found firmly fixed on the wire.

In order to make this point of proper size and shape, pass it through the flame quickly, which softens the medicine, and allows it to run as the wire may be turned or held. This part of the procedure is the most difficult, for unless care is used, the entire piece of silver will fall off. After a few trials, however, one will become expert in making these points.

In the application of this to the inside of the uterus the wire must be properly curved, and quickly passed through the neck into the body of the womb. Any delay in the neck causes immediate contraction and foils or makes difficult the passage of the instrument into the body.

The way the Doctor came to describe to me this instrument is this: I was asking advice in a case of severe and protracted menorrhagia. Examination proved the trouble to be in the uterine mucous membrane. In such cases he has had excellent results from these points,

used once a week. I tried it, and so far with gratifying results, having arrested the bleeding for three weeks—the longest period for a year or more.

Dr. Junkin thinks that menstruating females are not cleanly enough. After each period tepid water should be injected high into the vagina washing out all debris. He thinks that the irritation of retained clots and mucus is one of the causes of uterine disease. Does this really not look reasonable? How many do it? How many physicians advise it? In maidens, of course, it is a little inconvenient to use a syringe, but the efforts put forth will certainly bring back good interest in health and hardiness. We are living in a hygienic age. More attention is given every year to the care of health and prevention of disease. Will not our teachers of hygiene insist upon cleanliness of the sexual organs? Yet, it will be as hard to get it done, I imagine, as it is to get people generally to use the morning cold sponge bath. Can anything be more grateful than the glow and vigor obtained from this morning application of water? It is quite possible, if we heard more of water for the uterus, we would have less to do with platinum, zinc, and nitrate of silver.

Dr. Junkin recommends young physicians to use the bivalve speculum. He says the common glass ones often discourage the inexperienced. With them it is more difficult to find the os, and to explore the uterine cavity, especially if there be any malposition.

There is a class of women in the country who get through their confinement cases without medical aid, depending upon the old women, especially those who have had "many of them," of the vicinity. Just such cases as fall to the lot of the student to learn from in the cities, or are attended by the district physicians. All is well that ends well, but if it don't end well what then? In other words, if by the lack of medical aid and attention a life is sacrificed, it may be the mother, or it may be the child, where does the responsibility rest? Should not every township have its recognized "poor" doctor, who would attend such cases for a small cash fee, to be paid in all possible cases by the family. It should be obligatory on all poor families to secure the services of a physician; if very poor, to obtain the required services at poor rates; if in very destitute circumstances, to obtain town aid. That is, no confinement case should be allowed to occur without the services of a medical man. Less of these "no doctor" cases would happen, I feel sure, if the patient knew that services could be secured at a small price without the stigma of becoming a pauper.

In our township of Upper Freehold, no regular poor doctor is appointed by the committee. The pauper can select a physician, and the overseer then arranges for attendance. Or the family calls for its physician, and he, for protection, asks the town aid for them. Charity attendance needs a little regulation in the country as well as in the city. It seems to me, the remedy is the appointment of a town physician by the committee, and after it is clearly shown that a family is unable to pay regular fees, that they may secure the advantages of the poor rates, which should be very much reduced from regular charges.

A late case in my practice will serve to illustrate the evil of no attendance in confinement.

About midnight, not long since, I was called to see an Irish woman

in labor. While riding to the house the boy who came after me remarked that the women thought the child was dead, but he could tell me nothing more of the case. I found on arrival that the baby, a large, well formed female child, was born and dead. The old women said it was born after the boy started to town for me, and was dead when it came into the world. I came to the conclusion that the birth occurred before the boy left at all for me. The women had mismanaged in some way, and finding a dead child in their hands, send for a doctor, so as to secure at any rate a burial certificate.

Will some of your readers give me the probable cause of the prominence of one eye just previous to an epileptic attack, in a case of mine? I do not mean a few moments before, but it often serves as a warning one or two days before the attack. It is true it is not always followed by a "grand mal," but it is a premonition of the epileptical "bad days."

It is well known that epileptics enjoy periods of variable length of comparative freedom from unpleasant symptoms, followed by days of mental and physical distress—symptoms of reflected nervous irritation in almost all the organs of the body, diarrhœa, nausea and vomiting, backache, headache, dizziness, "petit mal," and mental feebleness. Even as a precursor of these evil days have I noticed, in the case referred to, the prominent left eye, giving a peculiar and alarming expression to the face.

Tanner, in his most excellent "Manual of Clinical Medicine and Physical Diagnosis," under the caption of "Signs Presented by the Eye," says, "The eye may be increased in size, from hyperæmia of its tissues, such as takes place in impending suffocation, or in congestion of the brain, heart, or lungs; it also becomes more prominent, and therefore apparently increased in size, in convulsions, apoplexy, epilepsy and delirium tremens."

Now, what I want to know is, what is meant by the eye being "more prominent, and therefore apparently increased in size?" Is there turgidity of the surrounding tissues in the condition causing this prominence of the eye? Will this symptom guide me to a suitable plan of treatment to relieve the sufferings of the "bad days?"

A late number of the American Agriculturist considers the subject of "Fatal Accidents from Mowing Machines," especially those resulting from drivers being thrown off from their seats in front of them. Country physicians can substantiate these statements, not only as regards the frequency of accidents to the driver, but to children who are playing in the field and running behind the machine. Two sad accidents occurred to girls in our vicinity, last summer, in this way, the foot being severed from the leg in each case.

As remarked before, this is an age of hygiene; and noble efforts are now put forth to prevent disease. What shall we call efforts to prevent accidents? It is a subject worthy of more attention than has been given it. Should not physicians carefully examine all instruments and mechanisms dangerous to life, and see whether their danger could be diminished without any special curtailment of use and power? The Agriculturist says that a lady of Burlington, N. J., invented an arrangement for throwing the knives of a mowing machine out of gear the in-



stant the driver's weight was taken from the seat. It knows of no instance of it being put to use. Could not the inspecting and reporting of the different machines, their respective dangers, and how they could be thus improved, be the duty of boards of health?

It has been a matter of surprise to me that country physicians do not make more of the various operations on the teeth. As a rule, they are not adequately supplied with extracting instruments, and by reason of this, so often fail to perform a good job at extracting, that they become timid, and hesitate to undertake the work. A few carefully selected instruments, including a good root, right and left molar, and an incisor forcep, will make one master of the majority of cases. As some one in a recent issue of the Reporter suggested, we should not be timid and cowardly about the various minor operations. Especially in districts without a dentist, should the doctor be prepared to relieve suffering by lifting out an offending tooth. But more, why, in such regions, could not the physician save teeth that the ignorant patient asks to have removed, by filling them with some of the usual preparations? I am not asking a doctor to turn dentist; but the doctor can pick up many an extra dollar by being not too particular in his work, in fact, by performing his whole duty, saving tissue, relieving suffering and deformity, bestowing comfort, aiding nature.

Let us illustrate: A bright damsel came to my office to have four badly decayed teeth removed, which done, she asked if I could not clean her teeth. That is, she wanted the ugly collection of tartar on the upper front teeth removed. I went to work with the end of a match and some very fine powdered pumice stone, and using care not to injure the enamel, in less than an hour the teeth were looking clean and polished: and she was greatly pleased with the change, and paid me an extra dollar or two for my services. In small cavities, where gold is not required, and no "building up" necessary, why cannot a doctor easily learn to put a simple amalgam filling? Often being asked by my patients after extracting, what is good for the teeth as a dentifrice, I show them a tooth powder, put up in what is called a magnesia bottle, and usually sell them a bottle, and thus further add to my income.

Gentlemen, I am not ashamed to write of little things, if I can suggest to the struggling, plodding, hard-worked (or under-worked), little-paid doctor how to add to his pocket-book some dollars.

God bless the country doctor! Yea, often is it God pity the country doctor! No thousand dollars fee ever drops into his coffers. Even down to the sale of a bottle of tooth powder must he descend for that which is to keep his family in even a degree of comfort. Wake up then, brother, glean all you can. It is all legitimately your due.

The dentifrice I referred to above is:

<b>R French prepared chalk.....</b>	
Powd. borax.....	aa 3 viij
Powd. orris root.....	3 ij
Powd. cinchona bark.....	3 iv
Powd. castile soap.....	3 liij
Oil wintergreen sufficient to impart an agreeable perfume.	

Before closing, let me give a few formulæ I have found useful.

Great account is now made of "Rock and Rye," and advertisements are constantly seen in the papers. I make my own, thus :

**R** Rock candy..... 1½ lb  
 Boiling water..... 1 pint  
 Best rye whisky..... 2 quarts

Stir, and after the candy is dissolved, or saturation is reached, strain.

A good liniment for some purposes, especially where iodine is useful, as in tumors, etc., is this :

**R** Iodine ..... gr. x  
 Alcohol ..... 3 iv  
 Water of ammonia..... 3 j  
 Camphor..... 3 ij  
 Tinct. red pepper..... 3 iv  
 Ol. lavand.....  
 Ol. rosemary .....aa 3 j      **M**

To make a successful worm liquid, add santonine to fl. ext. of spigelia and senna.

I have found sol. acetate of ammonia, in tablespoonful doses every hour until the pain is relieved, an excellent remedy for dysmenorrhœa. Sometimes the stomach is so irritable that I cannot carry out this plan to full effect, but where it is retained it has given great satisfaction.

I am using very much of the deodorized tincture of opium, and find it superior by far to any other preparation of opium. Scarcely ever does it produce nausea and headache. It is more reliable in strength than laudanum as usually kept by druggists. Many druggists make their laudanum, one ounce of opium to the pint of dilute spirits. The officinal directions are, two ounces and a half of opium to two pints of dilute alcohol.

It seems to me that we do not appreciate the value of nux vomica as we should. I have carefully examined a file of 7000 prescriptions in a country drug store, and not one called for nux vomica. I can testify to the valuable tonic properties of the following :

**R** Tinct. cincho., co..... 3 iv  
 Tinct. nucis vomice..... 3 j      **M**

Dose, one drachm three times a day.

I know not whether it is generally known that spirits of nitre is a good solvent of salicylic acid :

**R** Salicylic acid..... 3 ij  
 Spirits of nitre..... 3 j      **M**

Dose, one to two drachms.

I think it is often forgotten that corrosive sublimate is moderately soluble in cold water, and that dilute alcohol, or even a weaker spirit still, will dissolve it. Thus in bed-bug poison (trusting the reader may not have occasion for practical use of it) a cheap mixture, and an efficient one is :

**R** Corrosive sublimate..... 1 ounce  
 Chloride of ammonia..... ½ ounce  
 Dilute alcohol..... 1 quart

Corrosive sublimate forms, with chloride of ammonium and chloride of sodium, compounds which are more soluble than the uncombined mercurial salt. It is on this account that aqueous solutions of sal ammoniæ, or of common salt, dissolve much more corrosive sublimate than simple water. The above formula could be changed to one quart of water, and yet be found to accomplish the solution of the poison.

A good mucilage for office use is made thus :

R	Gum arabic.....	1 ounce
	Glycerine.....	2 drachms
	Boiling water.....	8 ounces

I suppose every country physician keeps a number of recipes written in a little blank book for reference. In this same book, anything new he hears or reads of is put down. The objection to an ordinary book is the difficulty in finding just the formula wanting when in a hurry. I find a small-sized book-keeping ledger very convenient, and make an entry in the alphabetical pages, of every formula or item copied into the book. For instance, in "T" is Tooth Powders, page 40, and on turning to this page, the formula given above is found.

Try this plan, and find what a convenience it is, and what a pleasure it gives to have one's knowledge thus classified. It is somewhat after the style of Todd's advice to make an "Index Rerum" of all things of importance in one's reading or experience. In this manner may the work of a lifetime be saved, controlled and reviewed.—*Med. and Surg. Reporter.*

## CLINICAL LECTURE.

BY H. AUGUSTUS WILSON, M.D., PHILADELPHIA.

[Reported by John McLean.]

*Cholesterin in Vitreous Humor and Cataract.*—The first case which I bring before you to-day, is Mr. A. H—, aged 74 years. This gentleman comes to me with the following history. Three years ago he fell from a car and was dragged some distance, receiving a severe contusion on the head. One year afterwards his right eye began to fail, and about eight or twelve months later the left also became affected. An examination, with the ophthalmoscope, reveals first of all a number of brilliant specks floating about in the vitreous humor.

This brilliant appearance is due, according to Soelberg Wells, to the presence of crystals of cholesterin in the vitreous humor. Our patient tells us that after sitting quietly with his eyes closed for a half hour or so, if he opens them gradually and looks around, he can distinctly perceive the outlines of the buildings upon the opposite side of the street.

The slightest movement, however, serves to set these little bodies in motion, and they, coming before the field of vision, again obscure the sight.

Besides this condition he has in the left eye atrophy of the optic nerve, and enlargement and distortion of the veins, which may be discovered with the ophthalmoscope, when the particles of cholesterin settle down, thus leaving the vitreous humor comparatively clear.

The right eye when examined by oblique illumination, reveals an opacity which I find upon further examination with the ophthalmoscope to be situated in the lens.

Having thus diagnosed a cataract it is important that we should ascertain its character.

There are, as you all know, two kinds of cataract, hard and soft. Soft cataract occurs usually before the thirty-fifth year, while hard, or senile cataract occurs after that period. Again, in soft cataract there are no striæ, while these are always present in the hard variety.

The ophthalmoscope reveals in this case striæ distinctly marked, and this together with the fact that the patient is 74 years old, renders the diagnosis of hard cataract very easy. It was this cataract which induced the patient to seek my advice relative to its removal.

He is very anxious to have an operation performed for the restoration of his sight, and it is for us to study the condition of the eye behind the cataract, that we may form some idea of the advisability of an operation.

If I was able to judge from the other eye that there were no lesions of the optic nerve, retina, or vitreous humor, I might fairly conclude that the cataract was the only cause of his not seeing, but, as I have already told you, the examination of the left eye has revealed optic atrophy, and this very rare condition known as cholesterin in the vitreous humor; and I have every reason for believing that the right eye is similarly affected.

Hence I am compelled to tell our patient that I can offer him no hope whatever from an operation. The treatment in this case has been on the expectant plan.

The patient has been taking potass. iodide gr. x, three times daily for some time, and I am happy to say that the particles of cholesterin have materially decreased in number, but I can see no change whatever in the optic atrophy. I am also using a one-grain solution of sulphate of atropia; partly to give him a wider field of vision, but more especially to make him believe that something is being done for him.

*Purulent Inflammation of the Middle Ear.*—The next case is a little girl, Rebecca G—, aged 12, who has been under treatment for some time. For several years she had a profuse, purulent discharge from the right ear, and was hard of hearing.

The first time I saw her I found upon examination that she had strawberry granulations on the posterior wall of the meatus, just external to the membrana tympani; together with a perforation of the membrana tympani itself.

When she first came to me, her hearing distance was three-eighths, that is to say, she heard a watch held three inches from her ear, which a normal ear should hear at eighteen inches. She was treated for some time with monochloracetic acid, but lately I have made weekly applications of nitrate of silver, in stick, followed by iodoformized cotton.

The method of preparing the latter for application is as follows :

Make a solution of

Iodoform.....	ʒss
Ether.....	ʒj
Oleum gaultheriæ.....	gtts x

A piece of absorbent cotton is completely saturated with this solution. The ether is then evaporated, thus leaving the iodoform in a finely divided state, evenly distributed throughout the cotton.

When I wish to make an application, I simply cut off a piece of this prepared cotton, insert it in the meatus and direct the patient to leave it there for twenty-four hours, and then remove it and syringe the ear thoroughly with warm water.

I find this mode of administering iodoform externally far superior to any other with which I am acquainted. I have used it in chronic ulcers of the leg, and have found upon removing the cotton twenty-four hours after application, that the iodoform has been almost entirely absorbed.

My experience in treating purulent inflammation of the ear, has still further shown this to be a valuable mode of administering iodoform externally. Under the above treatment this little girl has improved very much. The discharge has entirely ceased, the granulations have very materially decreased in size, the perforated membrana tympani has healed, and her hearing is now fifteen-eightieths. I think that after one more week of treatment she will be discharged from the dispensary.

*Opacity of Cornea with Anterior Synechia.*—The next case is Annie B—, aged six months. Her mother says that for four months she has had chronic purulent ophthalmia, probably originating in ophthalmia neonatorum. She has in the right eye prolapse of the iris with anterior synechia; and large, thick, heavy opacity all over the pupillary space. In the left eye the opacity is epithelial in character, very slight, and on the outer surface of cornea.

I bring this case before you to show you what may occur in your own practice, should you allow a case of ophthalmia neonatorum to go untreated.

The child now has great photophobia, or dread of light, which keeps her in the house, and in a dark corner away from the sunshine. In the right eye there has been an ulcer, which, perforating the cornea, allowed the aqueous humor to escape. The iris has been pressed forward, and has been caught in this opening. It is now permanently fast there, and constitutes the condition known as anterior synechia.

The only treatment which will benefit the right eye is iridectomy, which I shall perform when she gets a little older. In the left eye I hope to remove the opacity by very delicate scarification of the epithelial surface, followed by the application of calomel in a fine state of subdivision, which I shall dust into the eye with a camel's hair brush. I must warn you not to use calomel insufflation at the same time that you are giving iodide of potassium internally, for experience has shown that iodide of potassium being readily absorbed, and distributed through the whole system, will come in contact with the calomel in the eye, decomposing it and forming the iodide of mercury, which acting as a caustic sets up severe inflammation of the conjunctiva. The sight in this case, however, can never be entirely restored, as objects will always appear more or less distorted, owing to the broken up condition of the corneal surface.

I am using atropia for the purpose of dilating the pupil beyond the opacity, so that the retina may have the stimulus of light to prevent the

occurrence of amblyopia (partial anæsthesia of retina), which is apt to follow disuse.

*Traumatic Injury of Cornea with Prolapse of Iris.*—The last case which I shall have the pleasure of bringing before you to-day is that of a young man, Julius E—, aged eighteen, who about ten days ago was struck in the eye by a piece of steel.

When I first saw him two days ago, the eye was very much inflamed, and the pupillary space was egg-shaped, owing to a prolapse of the iris.

It is impossible at this late stage for me to say whether the piece of steel has perforated the cornea, or whether it has caused an ulcer, which has gone on to perforation, resulting in this prolapse of the iris. The fact that I am unable to find any wound of the iris, or the presence of the piece of steel in the eye, leads me to believe that the latter is the case.

Could I have seen the case early before perforation had taken place, I should have tapped the anterior chamber, and thus have relieved the pressure, which was one of the factors in the perforation. The treatment so far has been the application of an eight-grain solution of sulphate of atropia, with a view to drawing the prolapsed iris out of the perforation and relieving the pain.

To-day I shall apply a two-grain solution of sulphate of eserine, and direct him to drop two or three drops of it in the eye several times a day. This will produce tension in a direction opposed to that exerted by the atropia, and I hope in this way to draw the iris completely out of the opening.—*Med. Bulletin.*

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#### PRODUCTION OF SEX AT WILL.

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We have placed in our hands a series of letters upon the production of a desired sex, written to a scientific gentleman of this city, by Mr. D. D. Fiquet, of Houston, Texas, a graduate of Harvard Law School, whose failing health drove him from the bar to a business in the open air, and who is at present a practical cattle-breeder.

In these letters Mr. Fiquet claims to have discovered a system by means of which, with unerring certainty, he can cause a cow to give birth either to a bull or heifer calf, according to his wish. He developed his system at the cost of much previous experiment and many failures in his attempts "to discover the causes which control, and the conditions which determine the matter of sex."

He made use of all available scientific authorities of note, discarding them one by one as he proved their fallacies. In this way he disposed of Thury's law, "which," says M. Fiquet, "is utterly worthless in practice and wrong in theory. It is flatly contradicted by the ordinary experience of stock-raising."

Being impressed by Waldeyer's remark in his work on the ovum, namely, that for some time after impregnation the ovum is, in a certain sense, hermaphrodite, Mr. Fiquet was led to imagine that the matter of sex might perhaps be controlled and determined by the female during pregnancy. Familiar, also, with the fact that in the bee, moth, and butterfly families sex can be governed by the simple conditions of care

and feeding, he resolved to try the effects of nutrition upon his cows after the act of coition. To this end he selected two animals whose condition for many months had been identical, and had them served by the bull. Having now two cows in precisely the same physical status, he fed one richly, and underfed the other. At term each one produced a heifer. He then repeated the experiment with two other animals, treating them during their pregnancy in a similar manner. Each cow gave birth to a bull calf.

Mr. Fiquet naturally abandoned this method, and, despairing of securing any aid through physiology, he "turned to nature herself."

An intimate acquaintance with the birth and death rate statistics of life insurance had led him to remark the uniformity in the proportions of each sex. This suggested the thought that a harmless method of disturbing this uniformity of sexes at birth might be the solution of his problem. How to accomplish this was the next question.

Recalling to mind all his married acquaintance, he made the observation, not only that in some families female children, in others male children predominated, but likewise that a vigorous, passionate man, and a cold, impassioned woman generally begat a surplus of female children, and that, reversing the temperaments, boys abounded. Then occurred to him the idea that if, by any means, he could render his bull more passionate than the cow at the time of coition he would thus secure the birth of the opposite sex, or heifers, and *vice versa*.

Believing he could accomplish this by feeding and careful attention, he began his experiments.

Choosing eight cows, he fixed upon one from which he desired a bull calf—the other seven were to produce heifers. Having carefully noted the dates of the periods of the eight cows, he allowed them to pass one œstrum, and thus was able to anticipate the return of the period in each.

The cow destined to produce a bull calf, came in first. Mr. Fiquet began to feed her most bountifully upon grain, corn, oats, meal and rich hay. A few days before the reappearance of her period she was withdrawn from the herd, stabled, "and right royally attended. As anticipated, her passion came and in full blast."

The bull, meanwhile, had been fed upon green and cooling food, which moderated the usual vigor of his passion, and the difference between the animals "was thus rendered plainly discernible."

"My theory," says Mr. Fiquet, "was that, the cow being far more desirous for the bull than was the latter for the cow, nature was calling more loudly through the female than through the male for the natural gratification of her desires; that the services of a male were more necessary than those of a female, and that *pari passu*, the creation of a male thus became a more natural necessity than that of a female." This he supposed to be the desired disturbance of uniformity in nature, and consequently that in her very economy nature required the production of a bull calf. "Think of the theory as you may," he adds, "the cow was served by the bull twice, and the result was the desired bull calf."

The remaining seven cows were submitted to the gallantry of a castrated bull, who, although impotent, served as a never-failing detective of the periods of the cows. Mr. Fiquet was thus enabled to anticipate

their seasons of heat with exactitude, and, moreover, supposed the fruitless activity of this bull would be of use in reducing the passion of the cows.

Previous to his introduction to each of these cows, the other bull was generously fed on various rich grains and clover hay. On the other hand, the several cows were kept cool by light food—grazing, green fodder and bran. When their periods arrived, the animals were allowed to run temporarily with the castrated bull, and their frenzy was thus partially allayed. Being finally coupled with the service-bull, the conditions in each case were a rampant bull and a moderately excited cow—the reverse of the conditions in the first experiment. The bull therefore being more anxious for the cow than the cow for the bull, Mr. Fiquet, for reasons already given, again predicted the birth of a calf whose sex would be the opposite of that of the more passionate animal. The result was the birth of seven heifer calves. In all these instances, then, Mr. Fiquet was successful.

Continuing his experiments, he bred from five other cows, the sex of the calf in every case predetermined. The cows of several of his neighbors were served by his bull, and, having inquired as to the previous treatment and feeding of the cows, and knowing the condition of his bull, Mr. Fiquet predicted the sex of the resulting calves with unvarying correctness.

“My success,” he says, “is therefore either unprecedented luck at guessing and the merest fortuitous accidents, or these experiments were based upon physiological truths.”

He confesses to a lack of knowledge in the methods of horse-raising, but presumes his theories will hold good in the breeding of all uniparous animals, and believes his results can be reached by any careful, sympathetic breeder.

He feeds and prepares his bull for every special occasion, and does not allow him to serve more than one cow per week. If the bull be in course of preparation for a particular cow, he is never permitted to serve another which chances to come previously into season. An entire month is sometimes occupied in this preparation.

Mr. Fiquet's system will oblige the owners of large herds of cattle to keep several bulls, but the ease with which they can breed either sex at will (supposing the new theory to be true), will more than compensate for the increased expense, for the growth of their herds will be rapid.

Mr. Fiquet has never used any excitants of any kind, relying wholly upon a generous supply of rich foods. He expects to encounter incredulity on the part of cattle-raisers, and seems to desire avoidance of discussion. He simply presents his facts, the exactness of which is formally substantiated by certificates signed by trustworthy and well-known citizens of Houston, and now in the hands of a gentleman of Boston.

Mr. Fiquet has already communicated details and results of his experiments to the *Journal of Agriculture*. In reply, a critic, without reason, we think, finds them a confirmation of Thury's law, namely, that when coition occurs in the early stages of the female's passion fe-



male offspring should be produced, the contrary, if coition takes place late in the period of the female.

We fail to discover in what manner Mr. Fiquet's experiments prove the correctness of this theory.

The Monthly Bulletin of the American Jersey Cattle Club for July and August, 1879, briefly quotes the experience of Mr. Fiquet. The editor makes no direct comments, but foreshadows a shoulder-shrugging incredulity.

Having carefully read Mr. Fiquet's letters, our own impression is that he is a man of perfect sincerity. The modest manner in which he presents and details his experiments, his impersonal anxiety that practical cattle-raisers should be made familiar with his success, and the very evident absence of all wish on his part to win notoriety seem to be proved by his desire that some gentleman of scientific reputation, or some institution of influence, should call upon agriculturists and cattle-breeders to try the experiments we have detailed.

If Mr. Fiquet be correct in his theories, and if the results he has obtained be more than mere coincidences, they will, it must be confessed, not only revolutionize cattle-raising, but add enormously to the wealth of the world.—*Boston Medical and Surg. Journal*.

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## HOW TO PREVENT MAMMARY ABSCESS.

BY S. S. BOYD, M.D.

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In the September number of the American Practitioner, I find a very excellent paper, "A Simple Method of Preventing Mammary Abscess," copied from the Canada Medical and Surgical Journal.

For years past, when in my practice a mammary abscess is threatened, I have always applied a bandage to the breast with the most satisfactory results, never failing to prevent suppuration if resorted to in time. Even after the breast has suppurated at one point, if the bandage is properly applied, the extension of inflammation to other parts of the breast will be prevented; which was not the case when, under the old *regime*, I used all the poultices, plasters and liniments, which I and all the old women of the vicinity could suggest.

The bandage is applied as follows:

First, take a roller of sufficient length to pass around the waist of the patient just below the breasts. Then take a piece of strong muslin about eight inches square; cut a circular hole in the center of it, large enough to pass over the breast tightly; sew one edge of this to an edge of the band. Now raise the breast and gently draw the eight inch piece over it, so that the breast will protrude through the circular opening. Fasten the bandage as tightly around the waist as can be comfortably borne. From each upper corner of the square piece fasten a band and pass them over the shoulder, and secure tightly to the bandage which passes around the waist.

We now have a foundation for the superstructure, which we build as follows:

Take a soft roller, one and a half inches wide, and lifting the breast

pass it around the breast two or three times at the base as tightly as can be tolerated by the patient. Then cut strips from the same roller about eight inches long, and fasten one end of one of the strips to the inner edge of the cloth through which the breast protrudes; fasten the other end of the strip to the opposite side of the ring, passing it over the breast but avoiding the nipple. Apply other strips in like manner until the breast, except the nipple, is completely covered; apply the strips as tightly as can be borne by the patient. It will astonish the uninitiated how much pressure an inflamed breast will bear when thus gradually applied.

The same plan is resorted to when not called until suppuration is established, except that an opening in the bandaging is left at the point of exit of pus. When the bandages become loose, as they rapidly do, they should be tightened.

Not claiming that the above plan of treating mammary abscess is as neat as that given by Dr. Shepherd, I do claim that the bandaging more thoroughly fills what I take to be the indications in such cases, namely, to more effectually cut off the excessive supply of blood that feeds the inflammation, which once established often destroys the function of the breast, and brings almost intolerable sufferings to the patient. While I admit Dr. Shepherd's plan of treatment acts, as he says, by "exercising even pressure and giving support to it," yet I believe the facilities for renewing the pressure, as afforded by the foregoing suggestions, will be found essential to success in many cases.

Again, if we teach the student or young practitioner of medicine that by bandaging the breast we cure mammary abscess, he at once discovers that congestion, and even inflammation, can be overcome by pressure continuously applied; and he will not have to be taught that bandaging is the "sovereign thing on earth" for indolent ulcer, a sprain, or synovitis, and most other forms of inflammation where a bandage can be used or pressure applied. In short, we teach a principle which is adapted to a wide range of diseases, and not a mere fact which only applies to a single case.—*Amer. Practitioner.*

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### RESTORATION AFTER THE HAND IS COMPLETELY SEPARATED FROM THE ARM.

BY L. L. STATON, M.D., N. C.

I desire to place on record the following, unusual, and so far as I know, the only case of the kind ever given to the profession:

On Friday afternoon, February 5th, 1880, I was called to see Mary Sumlin, a white girl aged eleven years, quite anæmic and rather small for one of her age. While helping her mother to procure fire-wood she placed her hand in the way of an axe, and at one blow had it severed from the styloid process diagonally across the trapezium passing through the scaphoid bone and posterior annular ligament, dividing all the muscles, bones and blood-vessels, and completely separating the hand from the arm excepting a small portion of skin, below the articulation, with the ulna, the hand was hanging at right angles to the arm when I saw her, about thirty minutes after the accident.

I determined at once upon amputation, at the joint above (the wrist), so returned to my office, a distance of a half mile, to procure the assistance of another physician; but finding this impracticable, I proceeded carefully to replace the hand, which was held securely in position with silver wire sutures and adhesive plaster.

In dressing the wound the patient complained of pain when I used the needle in the arm, but none when it was used in the hand.

I secured the hand and arm upon a broad splint and directed that they be kept warm by being wrapped in hot flannel cloths.

I saw her twelve hours afterwards; the hand was very much swollen; no sensation or pulsation could be detected nor had she complained of any pain, but rested quietly during the night.

Saw her the next day. She now complained of a little pain, but the hand and arm presented the same appearance as of yesterday.

Saw her upon the third day. Could now plainly feel pulsation in the hand; it had changed its color, and I now for the first time thought it possible to save the hand. From this time she did not have a bad symptom, nor was there any suppuration or secretions of any kind, the wound healed entirely by first intention.

I removed the sutures upon the fourteenth day, and afterwards she carried the hand in a sling and is now able to extend the fingers and grasp with nearly the usual strength. There is no ankylosis of the wrist joint as I expected.—*N. C. Med. Journal.*

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### DOMESTIC REMEDY FOR FELONS.

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BY T. C. BRANNON, M.D., TEXAS.

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I have been afflicted with nearly forty felons during my life, and suffered very much with the first ones, being able to get no reliable treatment from medical authorities. In my desperation I resorted to the many treatments kindly suggested by old ladies, and finally succeeded in learning how to abort the inflammation.

Felons are generally, if not always, caused from bruises, and originate under the periosteum.

*How to diagnose a felon.*—When the palmar surface of the finger, thumb, or any part of the hand feels as if a fine, sharp, short thorn had entered the cuticle, and the outer end had become embedded beneath it, and when on "picking" for it it seems to be pressed into the periosteum, endways, and you fail to find the thorn, and know no other cause for redness, swelling and pain, you may rest assured that you have a felon coming. But if you wish to further satisfy yourself whether or not it is a felon, take your pocket knife and rub the edge over the small red spot, inclining the back of the blade forward. Notice if, when you are passing over the diseased spot, the red corpuscles are all caused to pass on through the blood vessels, leaving the inflamed part whitened for a short time after the knife passes over it. If not it is apt to prove to be a felon.

I give rules for diagnosing the disease in its forming stage, when it is easily aborted by my treatment; but if neglected longer, it only succeeds in part, according to the deposit under the periosteum.

*Treatment.*—I have used the following simple treatment for twenty-three years, since which I have always succeeded in aborting this painful disease, or modifying the great pain, and not unfrequently preventing the loss of one joint of the finger :

Take of soft lye soap and flaxseed meal a sufficient quantity, stirring the meal in slowly with spatula, or case knife, manipulating thoroughly, so as to form a salve or poultice. Cornmeal is a good substitute for the flaxseed. Envelop the finger in this, applying snugly, and occasionally pressing it to bring it more completely in apposition. Renew the poultice every twelve to twenty-four hours.

Don't try every prescription you may hear of. Depend on this, and this alone. It will, if applied in time, abort the disease ; if adopted later, it will bring it to a small "head" (if too far advanced to be "scattered") when it may be picked almost painlessly.

The escharotic properties of the soap soon destroy the thick skin over the region of the disease, which accounts partly for the quick relief from pain. Besides I think it is partially absorbed, and thus affects, more or less, the diseased process.—*Ther. Gazette.*

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## CONTRACTION OF FINGERS.

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At a meeting of the Medical Society of London, Mr. William Adams exhibited a number of contracted fingers. Many were due to contraction of the palmar fascia and its digital prolongation. Such were cured by multiple subcutaneous divisions of the fascia and immediate extension. Mr. Adams regarded it as usually commencing in chronic gouty inflammation and thickening of the fascia.

These cases were compared with the case of a case of finger contraction following lacerated wound of the wrist, and depending on contraction of the tendons. He also showed a cast of a remarkable case in which the little finger was severely contracted by a web of skin extending from the point of the finger to its base. The President referred to the case of a gentleman aged eighty, who had suffered from contraction in both hands. Mr. Gant had remedied this in the right hand by tenotomy and extension. Mr. Spencer Watson asked for evidence of a gouty origin of the disease, and alluded to Mr. Hutchinson's observations of the concurrence of thickening of the sclerotic (and glaucoma) with Dupuytren's contraction. Dr. Fothergill had frequently noted these contractions in gouty subjects, and almost invariably found them symmetrical. Mr. Owen alluded to a case of this disease in a gentleman aged thirty, in which the middle finger of the right hand was contracted, and where he had operated by dividing the fascial band, applying a splint and gradual extension. Dr. Gilbert Smith, referring to Mr. Adams' remark as to the rare occurrence of the disease among women, said he had lately seen a lady with both hands affected by these contractions. He also knew of an instance where three brothers, all of them gouty, suffered in this manner.—*Buff. Med. Journal.*

## ABSTRACTS AND GLEANINGS.

**Dr. Tanner's Fast.**—The fast commenced on June 28th 1880. The following table exhibits the temperature, pulse, respiration, etc., during the forty days.

Day.	Weight.	Highest Temperature.	Highest Pulse.	Respiration.	Ounces of Water Voided.	Ounces of Water Drank.
First.....	157½	99	88	16	21	48
Second.....	—	*98½	84	16	8½	24½
Third.....	153	98½	78	16	22½	—
Fourth.....	—	98½	84	—	19½	—
Fifth.....	147½	†98½	100	—	17½	—
Sixth.....	—	98½	100	—	14	—
Seventh.....	143	98½	90	16½	14	—
Eighth.....	—	98½	84	14	13	—
Ninth.....	141½	†98½	116	16	13	—
Tenth.....	—	*99½	98	14	13½	4
Eleventh.....	139½	—	100	94	—	16
Twelfth.....	—	*99½	93	14	14	—
Thirteenth.....	136½	98	100	16	15½	—
Fourteenth.....	133	*98½	96	16	14	—
Fifteenth.....	—	98	107	—	17	1
Sixteenth.....	—	98	108	14	18½	39
Seventeenth.....	137½	99	98	16	33½	66
Eighteenth.....	136½	*98½	76	16	36½	51
Nineteenth.....	136	99	84	15	26½	46½
Twentieth.....	135	99	82	15	45	39½
Twenty-first.....	135	99	84	16	33	51
Twenty-second.....	134	99	72	15	29	18½
Twenty-third.....	133½	98	88	18	30½	23½
Twenty-fourth.....	132	*99½	84	16	21½	30
Twenty-fifth.....	131½	*98½	72	16	19½	—
Twenty-sixth.....	131½	*98½	80	16	19½	12½
Twenty-seventh.....	—	*98½	76	16	12	8
Twenty-eighth.....	129½	*98½	72	16	9½	19
Twenty-ninth.....	—	*98½	74	16	22½	14
Thirtieth.....	130	*98½	84	14	28	10
Thirty-first.....	128	*98½	74	—	9	14
Thirty-second.....	127½	*98½	72	15	14	9
Thirty-third.....	126½	99	78	9½	5½	15
Thirty-fourth.....	126½	99½	78	14	12½	7
Thirty-fifth.....	—	98	78	—	10	17
Thirty-sixth.....	—	—	74	—	9½	19½
Thirty-seventh.....	125½	98½	74	14	27½	12½
Thirty-eighth.....	—	99½	78	15	13	8
Thirty-ninth.....	122½	—	—	13	—	3

\*Whenever the asterisk appears it indicates that for convenience in typography there is a change from a fifth in the original manuscript to a quarter in print, or three-fifths in manuscript to three-quarters in type. Where the † is the original manuscript gives the temperature as ninety-eight and nine-tenths, and for convenience in typography it is made in print 98½. ‡ This should be ninety-eight and three-tenths.

—N. Y. Med. and Surg. Journal.

**The Effects of Conception on the Nervous System.**—March 2d., I was called to see Mrs. M., aged 21 years; married six months; very robust and of a sanguineous temperament. Since puberty she has menstruated regularly and without any discomfort or nervous symptoms, up to the present date, which is her catamenial period, but it has failed to appear. She has heretofore enjoyed perfect health. With this history the following symptoms presented: A slight, whitish fur on the tongue; pulse a little excited; respiration somewhat hurried and forced; no symptoms of malarial poison; no hysteria; urine tested and found normal; bowels open; disposed to sleep all the while, and while asleep would pull and pick violently at the bedclothes and indulge in low mutterings; when aroused her mind would become perfectly clear and calm; complained only of a severe pain in the lower part of her spine; unable to move herself in bed without assistance; could neither stand nor sit alone; if she attempted to walk her toes would drag on the floor; she would pass into a sleepy stupor while standing up, and would say her sleep was natural; complained of no pain in head; no loss or increase of sensation. A vaginal examination showed a softened condition about the os uteri; no dilatation. The most attractive and unusual symptom of great nervous irritation was the rapid contraction and dilatation of the pupils. They would contract and dilate to their full extent about six or eight times to the minute, entirely uninfluenced by light, and seeming to affect the vision in no way in either state.

I will state that these symptoms, so far as I could learn, had developed the night previous, as she was up and attending to her duties the day before I saw her, complaining only of a backache.

From the foregoing history and symptoms I diagnosed the case as one of hyperæmia of the brain and spinal cord, caused by this, her first, conception, producing a reflex action. With this conviction I proceeded to apply wet cups along the spine, and removed several ounces of blood. I also ordered a preparation of bromide of potassium and valerian and left the patient, expressing the hope that the system would accustom itself to the physiological functions going on, and that these symptoms would soon pass away.

Two days later I repeated my visit and found her condition no better, except that the cupping had partially relieved the pain in the spine. I applied the cups again and drew off more blood. To open the bowels, ordered large doses of calomel and ipecacuanha.

Saw the patient next day. Pain over the spine greatly relieved; not so much paralysis; no abatement of other symptoms; cathartic acted freely. In this condition she remained for nearly two months, the symptoms gradually increasing in severity and yielding to no treatment that I could institute.

April 29th. Found her in slight convulsions, gradually increasing in severity and frequency. I advised the induction of abortion.

April 30th. With the assistance of my friend Dr. John Rainey, who had seen the case and concurred with me in the mode of procedure, I introduced a probe into the uterine cavity and broke up the membranes. She bore the operation well, and aborted in about thirty hours, throwing off a foetus I supposed to be six or eight weeks old. There was no sudden reaction, but her symptoms gradually became milder, and I can pronounce her, May 20th, entirely recovered.

In the treatment of this case there arose an immaterial, though in-

teresting, question in my mind. It was, whether this condition which, toward its close so greatly endangered her life, arose from the suspension of a previous regular physiological act, or from the taking on of a new physiological condition.

I think it arose entirely from the conception, for the suspension of menses was no less physiological than the conception. The point that created this question was this: She menstruated the last time about February 1st, and conception took place a few days later, judging from the subsequent non-appearance of the catamenia and the size of the fetus. Now, she carried that fetus, without discomfort, from about February 5th to March 1st, which was her time, and then the foregoing symptoms set up. This is not so strange when we reflect and see that the uterus, even after conception, often takes on its regular monthly congestion, and in some instances the flow comes on.

Having presented this case in detail, I shall not discuss it further than to say I think it too often the custom of physicians to postpone or refuse such timely interference, in similar cases, as is necessary for the safety of the mother. The danger of the operation in this case was enhanced, because of my postponing until convulsions came on.

I humbly offer the report of this case to the profession, for such consideration and discussion as the rarity of its symptoms and obscurity of its pathology may demand.—DR. P. W. JOHNS, in *Med. and Surgical Reporter*.

**Leucocythæmia.**—Gentlemen, we have here a young girl, eighteen years old, whose mother tells us that she was quite well until four months ago. Four months ago her mother noticed that the glands in her neck were becoming swollen. This increase in size of the glands has apparently gone on very rapidly since that time, for now we find a very considerable number of the glands enlarged, the glands affected being principally the glands of the neck, the glands running down from the neck into the thoracic cavity and the axillary glands. The inguinal glands she says are not involved. The tonsils are a little involved, not very much.

The girl's color, as you will observe, is still very good, and she apparently complains of nothing except this enlargement of the glands. The mother states that the girl has not been unwell for four months; that is, that her menses have not come on the past four months.

That makes the whole of the case then. A girl having no symptoms except the cessation of the menses, and presenting herself with a number of enlarged glands as you see. I should say also that the spleen is enlarged. Now, what is the matter with her? "Leucocythæmia." Yes, probably. Of course, we cannot be certain of that without examining the blood. It is possible for a person to have such enlarged glands as this girl has, and have an enlarged spleen also, and yet not leucocythæmia. There may be no increase of the white blood globules at all. What would the patient be suffering from then? If we examine this girl's blood and do not find any increase of the white blood globules—"Anæmia." Well, simple anæmia would not account for the enlargement of the glands. "Struma." Well, that does not mean much, doctor. There are two conditions with which we meet which are alike except as regards the condition of the blood. We have the same enlargement of the glands with or without enlargement of the

spleen in both cases. But in one set of cases there is an increase of the white blood globules. This we call leucocythæmia or leucæmia. In the other state the glandular changes are the same, but there is no increase of the white blood globules. Now, what is it called? "Leucocytosis." No, the word leucocytosis is applied to cases in which there is a slight increase of white blood globules—cases which are not fairly cases of leucocythæmia, and in which there is a little increase of the white blood globules. But we are supposing that when we come to examine the blood we will find no increase of the white blood globules. We cannot tell yet whether there is or is not. If there is, then the case is one of leucocythæmia; if there is not, then what is the trouble? There is a disease which is usually called pseudo-leucæmia, or false leucæmia; that is, a disease resembling leucæmia or leucocythæmia (for those two words are used in the same sense), but yet without the characteristic change in the blood. Those two conditions, leucæmia and pseudo-leucæmia are very closely allied indeed. The cases run very much in the same course; they present very much the same symptoms, and really the only apparent difference between them relates to the condition of the blood.

In either case the treatment is the same. If the patients at the time you see them are not anæmic, then you direct your attention to the reduction of the size of the glands. If they are anæmic they may be so either with or without an increase of the white blood globules. You observe that by anæmia we do not mean an increase of the white blood globules. We mean a decrease of the red ones, and a patient may come to you like this girl, with enlarged glands, and she may be anæmic or not. In this case she is not. The color is still good. In this particular case then the duration being short, and the condition of the blood, so far as the red blood globules is concerned, being still good, we shall direct our attention directly to the condition of the glands.

Now, there is one drug which has special power in diminishing the size of the lymphatic glands if they are enlarged, and that drug is iodine. And for this particular purpose, if you want to get the real effects of the iodine, the best thing you can do is to give it in the form of Lugol's solution—of Lugol's solution of iodine. And you will give the girl, to begin with, five drops of this—five drops taken in water three times a day, and taken after meals. The only objection to this medicine is that some stomachs will not bear it. It makes some persons so sick at the stomach that we are unable to give it to them, but I imagine that this girl will be able to take it. That will be the first thing for her to do. Begin the treatment then with Lugol's solution in five-drop doses three times a day; continue that for a week. Then the dose should be gradually increased by a drop at a time until she shall take ten drops three times a day. That is one plan for treating these cases, if you see them in the condition in which this girl is, the general condition being still good.

Another plan is to get them under the constitutional effect of arsenic. You give them arsenic in increasing doses until you have reached a point of tolerance. Then you stop the arsenic for a time and allow the patient to recover from its effects. Then you can repeat this again. This plan also has considerable effect in diminishing the size of the glands, but generally speaking I think the iodine treatment is to be pre-



ferred. If, however, the patient was anæmic at the time you saw her; if we were to see this girl a year from now, she having been left to herself, and should find the glands larger than they are now, and we should find that, instead of having the color which she has now, she should be very pale: she would be anæmic. Then we could do nothing with our iodine. Then we should have to put her upon the use of iron and oxygen. We would treat her as we would any other case of anæmia. DR. DELAFIELD in *Clinic, Detroit Lancel*.

**Consumption on the Salisbury Plan.**—Some time ago I gave the leading ideas of the Salisbury plan in this Journal. For the benefit of those who did not peruse that paper, the following concise statement is introduced. This will enable the student to take in the significance of the actual cases presented.

Dr. Salisbury regards consumption to be a diseased condition or state that is at first systemic, then local, found in the blood one year generally, before the organic pulmonic disease. This is the pretubercular state. The Salisbury plan diagnosticates this state by the addition of a new physical sign. The prime element of the disease is defective alimentation, by which a vegetation is introduced into the blood through the alimentary canal. This vegetation is a yeast plant.

Tubercle is an accident or secondary condition due to capillary embolism.

This embolism is caused by the presence of the yeast vegetation, by the massive fibroid filaments and by the enlarged massal white corpuscles aggregating together. These abnormal form elements make up an essential part of the Salisbury morphology of consumptive blood.

There is then something tangible to the sense of sight in the causation of consumption. It has been photographed by the writer.

The treatment on the Salisbury plan consists in the removal of the yeast from the blood by starving out the yeast. This is done first by regulating the food and giving appropriate medicine. The studies on which this plan is based, extend over a period of twenty-five years and embrace thousands of cases.

The evidence of this statement is as follows: In 1858 Dr. Salisbury had ready for the press, a work in which he describes his experiments with over 2,000 swine. They were fed in various ways, but 1,026 were fed on food filled with yeast.

In ten weeks time 246 swine died; 104 of them were examined after death, and all were found to have in the lungs the disease known as consumption. The writer has perused the records of these *post-mortem*.

At about the same time, Dr. Salisbury made bread with flour raised with the yeast found in the diarrhœal dejections of a third stage consumptive. In 1878 I repeated this experiment and sent a sample of the bread to the editor of this Journal. Per contra, Dr. Salisbury examined one hundred well swine that had been fed on good, sound corn, and found hardly a trace of tubercle in their lungs. Again, Dr. Salisbury took healthy men—hired by the day,—and fed them as he fed the thousand hogs. In every case consumption of the bowels was induced in from ten to fifteen days.

Can the candid and unprejudiced student in medicine ask for more? Here he presented a plan that embraces the cause or rather the syn-

thesis of the disease in animals, verified by *post-mortem* examination. The morphology of the blood is photographed. The reduction in size of the enlarged white blood corpuscles to a normal state, the dissipation of the spores and spore collets, and the restoration or the red discs towards a normal condition, have been photographed and are on record; indeed, the demonstration is made daily. To crown all, cases are cured and the profession is asked to examine them by Dr. Salisbury.

Can anything more be done to present the matter? Yes, there can.

Dr. Salisbury, in connection with myself, offers to go to New York and treat twenty-five cases of consumption sent by intelligent physicians of good character, with a written diagnosis of the case so that there shall be no disagreement afterwards. The physicians to watch the cases through the treatment for three months. If possible arrangements should be made to take photographs of the blood from time to time as records of the progress of the cases, and at the expiration of a year the physicians shall be invited to meet in counsel and judge on the results by the histories.

In this way it is thought that it can be decided best, if the experience of Dr. Salisbury and myself can be realized under other conditions where the profession can watch the progress for themselves, and where the treatment shall be fully and carefully carried out without let or hindrance. The full text of the treatment may be found in the September 1879 No. of the Virginia Medical Monthly, Richmond, Va., or the Scientific American.

The full exposition has been ready for the press for some time, and waits to be produced when asked for. Dr. Salisbury is in no haste, but when the writer considers how far inferior are the present unsatisfactory modes of treating this disease and how much less they have to bring forward to their support, he thinks that one-fourth of a century is long enough to wait. As things now go, one-fourth of the very physicians who read this paper will, in all probability, die of consumption, to say nothing of their patients. So then, it seems to the writer that no time should be lost in the proper presentation and demonstration of this plan.

At any rate, after this, I cannot be blamed for not having tried to make known the new information as to the cause and cure of the disease.—Dr. CUTTER, in *Mich. Med. News*.

**Analysis of a Secret Cancer Plaster.**—Dr. Edmund Andrews in the Chicago Medical Review, says:

A person living not a thousand miles southwest of Chicago, treats such patients as he can convince that they have cancers, as follows: He applies a caustic plaster for six hours, producing a white eschar. Removing the plaster he poultices the spot for twelve hours, and then applies the plaster for six hours more.

In this way the cautery is gradually deepened, and the eschar turns black and begins to separate from the living flesh. When he judges the action to be sufficient, he ceases the use of the caustic until the slough drops out, when, if any suspicious points remain, he reapplies the remedy.

The incompleteness of the work, however, is manifest by the large

proportion of cases where the disease reappears in the same spot.

Some of his caustic having fallen into my hands, I gave it to Prof. M. P. Hatfield for analysis. The material was in the form of a brown paste, which, on close inspection, consisted of a fine brown powder imperfectly mixed with a transparent or translucent paste containing the caustic. Applied to the raw surface of a cancer, I found it to turn it white and to produce an eschar.

Prof. Hatfield found the active principle to consist simply of chloride of zinc. A faint trace of iron was present as an impurity, and the coloring matter was a vegetable powder.

The quack claims almost miraculous powers for his secret plaster of chloride of zinc, and finds a considerable number of dupes to employ him.

The moral of this tale should be pondered by surgeons. The general horror of the knife is natural, and is so decided that many minds cannot calmly face it, even with the promise of ether. Such patients will calmly endure great pain from a caustic if they can be spared the thought of the cruel steel. A mental pain is as real as a physical one, and harder to bear. Would it not be really humane in properly selected cases to use caustic more than we do, making up for their clumsiness by attention and determined persistence, so as to be thorough in the extirpation?

Esmarch's painless caustic powder might serve in some cases, and chromic acid, used while the patient is under the influence of morphine, would serve a quick turn in others.

Esmarch's painless powder is prepared after the following formula :

R Arsenious acid.....	1 part.
Sulph. morph.....	1 part.
Calomel.....	8 parts.
Pulv. gum Arabic.....	48 parts.

Mix. Sprinkle thick every day on a surface either raw, or denuded of cuticle by a blister.

**The Use of Quinine in Connection with Nervous Sedatives.**—Dr. Gray said : Great relief was to be expected from the bromides in robust patients ; but not to the same extent in the case of the weak and anæmic. His own experience had convinced him that there was considerable danger in using them freely in certain instances, and he had met with one case in which a fatal result was thus produced. He was a firm believer in their efficacy in epilepsy, as a general rule ; but at the same time he felt that under some circumstances they should be used, if at all, only with extreme caution.

For the past two years he had been in the habit of prescribing quinine in connection with the bromides, and he could but express himself as more than satisfied with the results obtained by this combination. At first he had employed it with timidity and in very small doses, as he feared, from what he had been taught, that it might perhaps interfere with their action, and only aggravate the trouble present ; but afterwards he had used it much more freely, and always with very beneficial effects. His practice now was to give first a sufficient quantity of the bromides to produce bromism, and then two or three grains

of quinine three times a day in addition. He had met with a few cases in which quinine was not well tolerated, but as a rule such patients were able to stand the full sedation of the bromides; while in some instances he had deemed it advisable to stimulate the system with quinine before commencing the use of the bromides, on account of the weak condition of the patient.

All his experience went to show that quinine actually increased the effect of the bromides, hyoscyamin, and belladonna, and he had also found that all these agents were much better borne by the system, as well as more efficient in their action, when administered in combination with quinine than when the latter was omitted.

The happy effect of the quinine with hyoscyamin was well shown in a case of puerperal mania which he had seen in consultation. When hyoscyamin was given alone it seemed to be of no service; but when quinine was added to it, although there was no malarial complication in the case, its use was followed by the most happy results.

Dr. Jewell stated that he found strychnia exceedingly useful in combatting the depressing effect of the bromides when given in sufficient quantities to control epileptic attacks, and that it did not, as might perhaps at first be supposed, increase reflex irritability, and thus render the patient more liable to fits. He had not had much experience with quinine, however, in this way.—*Amer. Neurological Assoc. Trans.*

**Prostration and Nervousness after Coition.**—Nervousness and sleeplessness and headache and prostration following coition, when performed but rarely, are evidences of some form of sexual exhaustion and are worthy of attention even though there should be no other sign of trouble in that function.

In practice we find, however, that this symptom does not exist alone; it is always a part of a group. In one extraordinary case for which I was consulted, coition as infrequent as once in three months produced unpleasant effects, but the individual thus sensitive could sleep at any time and as long as he wished, and was capable of severe and responsible mental labor.

There are cases not so uncommon as was formerly supposed, whose genital function is in a condition analogous to the extreme forms of nervous dyspepsia—intolerant of any functional activity, no matter how mild or cautious.

There are persons who cannot eat even a crust of bread without experiencing discomfort; just so there are persons who cannot indulge at all in coition without experiencing more or less of the symptoms that are supposed to follow only great excess; this function is a poison to them—the only difference in the evil effects of moderation and excess being of degree only.

Sexual intercourse in the normal man is a sedative and tonic; it induces sleep, quickens the appetite and inspires activity; the slight and pleasing languor that follows it are physiological. In cases of this kind, as I have many times noticed, coitus is followed the next day by an unusual sensitiveness of the urethra, as is observed on introducing the sound or other instruments.

In the time of their appearance these bad effects of sexual excitation are remarkably inconsistent; in some persons, not manifesting them-

selves for two days, or the second day; in other cases, appearing at once after the act. This same inconsistency obtains in other symptoms and after the exercise of other functions; thus a clergyman who consulted me was troubled not by the blue Monday, but by a blue Tuesday—the re-action from the labors of Sabbath and delaying for forty-eight hours. Likewise the phenomena of indigestion sometimes follow at once after a meal; in other cases not until several hours.—*Independent Practitioner.*

**Sciatica of Rheumatic Origin.**—I now show you another patient, who also complains of pain in the hip, thigh, and leg. His name is Charles M., and he is a barber by trade. He has had more or less of this pain for two years. Two years ago he had a severe attack of rheumatism, during which the large joints of the left leg swelled badly. Since that time he has suffered from pain in the left leg. He says that at the present he suffers most pain when standing. As you saw, when I pressed at the exit of the superior gluteal nerve on the left side, he jumped away. He also winces when I press on the posterior part of the thigh and in the popliteal space. There is, besides, tenderness in the calf of the leg. Inquiring into this man's general health, I find it to be fair; the tongue is clean, the appetite good, and the bowels move daily.

This history and these symptoms point very positively to sciatica or inflammation to the nerve sheath. You observe the man gives us a most unmistakable rheumatic history. He has almost constant pain, which is increased by standing. He has had the pain since having the attack of rheumatism to which he referred. It is needless to go farther into the history, for such symptoms make the diagnosis a positive one. The rheumatic history and character of pain leave us no doubt as to correctness of diagnosis.

To treat a case of this kind, if there were no chronic underlying cause, it would be proper to resort to hypodermic injections of either morphia or spirits of chloroform. In fact, there is no contra-indication for using either of them, as it is. We must not, however, be misled and overlook the fact that we have here a chronic cause, which is to be reached before we can expect to cure. I shall first advise that this man favor his limbs all he can. The muscles involved need absolute rest for some time, in order to bring the desired relief. In addition to the necessary rest I will order the following internal remedies:

- |    |   |             |
|----|---|-------------|
| R  | Potassii iodidi.....                              | ʒ iiss.     |
|    | Vini colchici rad.....                            | gtt. xlvij. |
|    | Syrupi zingiberis.                                |             |
|    | Aquæ.....   | aa fʒ ij. M |
| S. | One dessertspoonful to be taken four times daily. |             |

Chief among the great number of internal agents advised for muscular rheumatism are iodide of potassium, chloride of ammonium, and wine of colchicum root. If the patient be debilitated or anæmic, then recourse can be had to the tincture of iron, quinine, and arsenic.—*Col. and Clin. Rec.*

**On a New Method of Arresting Gonorrhea.**—I read with great pleasure the article headed as above by Mr. Cheyne, and wish to

state that I have adopted his method of passing medicated bougies up the urethra for acute and chronic gonorrhea. The bougies I used were made by Kirby & Co., 14 Newman Street, Oxford Street. The other day I thought I would use iodoform in the shape of a bougie. I, therefore, ordered some containing five grains in each, and have been very gratified with the result, which has quite come up to my expectation. I have been in the habit of using iodoform, both in the form of ointment and of powder, for some years, and with marked success, in the treatment of indolent varicose ulcer of the leg, soft chancres, etc.

The method I adopt in the treatment of gonorrhea is this: I first order the patient an injection containing ten minims of liquor plumbi and two grains of sulphate of zinc to an ounce of water, to be used frequently until the acute symptoms have subsided. I then pass a No. 9 bougie up the urethra as far as the ulcerated spot. I then apply a piece of lint over the orifice of the urethra, under the prepuce, and tell him not to pass his urine for some hours afterward. I order him to take as little liquid as possible and no stimulants. I generally pass one or two bougies a day. My patients generally get rid of the gonorrhea in a week. The only constitutional treatment I adopt is a brisk purgative, followed by tonics.—J. B. James, M. R. C. S., in *British Med. Journal*.

[In the above we find confirmation of the idea given in a recent number of the *Southern Medical Record*, in which Dr. Word reports a case of gonorrhea cured by the use of an ointment of vaseline and bismuth introduced upon a bougie.—ED.]

**Milk and Lime Water.**—Milk and lime water are frequently prescribed by physicians in cases of dyspepsia and weakness of the stomach, and in some cases are said to be very beneficial. Many persons who think good bread and milk a great luxury, frequently hesitate to eat it for the reason that the milk will not digest readily: sourness of stomach will often follow. But experience proves that lime water and milk are not only food and medicine at an early period of life, but also at a later, when, as in the case of infants, the functions of digestion and assimilation are feeble and easily perverted. A stomach taxed by gluttony, irritated by improper food, inflamed by alcohol, enfeebled by disease, or otherwise unfitted for its duties—as is shown by the various symptoms attendant upon indigestion, dyspepsia, diarrhoea, dysentery, and fever—will resume its work, and do it energetically, on an exclusive diet of bread and milk and lime water. A goblet of cow's milk may have four tablespoonfuls of lime water added to it with good effect.. *The Druggist*.

**Strychnia Successfully Antidoted by Hydrate of Chloral.**—A case is reported, in the *British Medical Journal*, by George Gray, M.D., of strychnia poison successfully antidoted by chloral hydrate. The patient bought 20 grains of strychnia to poison rats with. He stirred it in a glass of whisky and drank it all. Dr. Gray administered 2 drachms of chloral hydrate in solution, with much difficulty, but it had the desired effect. Two days afterwards he was at his usual work.—*N. C. Med. Journal*.

**Iodoform in Otorrhœa.**—Chronic catarrh of the middle ear is notoriously obstinate in its course, yielding to no treatment ordinarily resorted to by the average practitioner of medicine. Having been disappointed in the results of treatment, even the manœuvres of Politzer's bag; inflating the drum cavity at regular intervals; systematic catheterizing and vaporizing with iodine; dilating the Eustachian tube; and all the internal medication usually employed—I was recently impressed with the idea of trying iodoform locally, and am surprised with the good results. Cases rebellious to everything usually done in such conditions have improved rapidly.

The following is my mode of treatment :

With a cotton carrier or any convenient instrument, and fine clean cotton wool, thoroughly cleanse the external auditory canal, down to the membrana tympani, using of course, delicateness of touch, so as to render no pain or reflex irritation of the upper air passage, causing cough, etc. Then apply the following powder every three days, or oftener if the case requires it, *i. e.*, if there is copious discharge of the offensive pus :

R Iodoform..... ʒij  
Tannic acid..... ʒj

Triturate very thoroughly, to an impalpable powder, and place a few grains of it in the end of an annealed glass tube about six inches long and  $\frac{1}{4}$  of an inch in diameter. Then, with the thumb and forefinger of the left hand, pull the auricle upward and backward, thereby straightening the external auditory canal, and insert the loaded end of the annealed tube therein, apply the mouth of the other end of the tube, and give a gentle puff, throwing a whirlwind of medicinal dust down the passage, through the opening in the drumhead, if there be one, and there usually is in these cases, back into the mastoid cells, down the Eustachian tube, and completely storming the whole mucous lining of the auditory apparatus, and in a better manner than can be effected in any other way.—Dr. S. Pollock, in *Med. and Surg. Rep.*

**A New Anthelmintic.**—Dr. Lemos, in *Medicinische Neuigkeiten*, states that the *ocinum basilicum*, a plant known in Buenos Ayres under the name "albochaca," has an action of such a nature that the worms in every stage of development rapidly leave their location after the juice reaches them. Its use is so much the more to be recommended, since, if no worms should be present no injurious effect results from the plant, but a laxative and disinfectant action is the only result. Fifty grammes of the juice are given, followed in two hours by a dose of castor oil. A free discharge of the worms may be expected.—*Med. and Sur. Rep.*

**Metaphosphoric Acid.**—W. C. Grigg pronounces metaphosphoric acid a much more delicate test for albumen than nitric acid. The acid should be freshly made and dissolved without heat. A piece of the size of a pea is to be dissolved in a drachm of distilled water. The urine may be added to the solution or *vice versa*. If there be a trace of albumen the urine will immediately become turbid and of a milky-white color.—*Brit. Med. Journal.*

**Nutritive Enemata.**—Dr. Michelacci contributes an article on the subject of nutritive enemata, in *La Sperimentale*, in which he lays down the following general propositions. It is important to prepare the large intestine for the reception of nutrition by a previous injection of some simple substance. Whatever be the nature of the nutritive enema used, it should never be at a lower temperature than  $37^{\circ}$  or  $38^{\circ}$  Cent. ( $98.6^{\circ}$  or  $100.4^{\circ}$  Fahr.).

It is, as a rule, preferable to give a considerable number of small enemata rather than a few large ones. The injection should be administered slowly and cautiously, and conveyed as high up as possible, by means of a long tube.

Each nutritive enema should be preceded by one of about two ounces of water, containing from four to eight drops of laudanum, in order to render the intestine more tolerant. In a clyster, alcohol should never be joined with peptone, as they are chemically incompatible. Fatty substances should be used sparingly, as they are difficult of absorption, and irritate the mucous membrane. Neutral or slightly alkaline enemata are frequently useful.

In cases in which symptoms of irritation or enteritis supervene, the author recommends suspending the use of all further enemata, or if this be not possible, then using opium freely, and selecting for injection only the less irritating substances.—*Med. and Surg. Reporter*.

**Benzoic Acid in Rheumatism.**—Senator has employed this remedy in forty-six cases of polyarticular rheumatism. From a clinical point of view it much resembles salicylic acid. Salkowsky attributes to it the same anti-putrescent and stronger anti-fermentive properties. In order not to irritate the primæ viæ, moderate doses are to be given at first: 10 to 12 grams ( $2\frac{1}{2}$  to 3 drachms) of benzoic acid; or better 12 to 15 grams (3 to  $3\frac{3}{4}$  drachms) of benzoate of soda. The acid was given as a powder in wafers or capsules; the benzoate in 100 to 140 grams (3 to 4 oz.) of an aromatic draught, with or without syrup.

It may be considered a specific for rheumatism, though in a less degree than salicylic acid. As a rule, the latter is more prompt in its action, though in some cases where that failed the benzoic acid succeeded.

No relapses nor cardiac complications have been observed. Benzoic acid seems to have no tendency to irritate the stomach or bowels.—*La Presse Medicale Belge*.

**Iron on Digestion.**—Dr. Perry, taking as his subject the Misuse of Iron Preparations, and their Effects upon the Digestive Process, supports his views with the following experiments. Two test-tubes containing artificial gastric juice and albumen; into one of them is poured one drachm of elixir of iron and quinia, at the end of four hours digestion has been completed in the tube containing no iron; the albumen remains unaffected in the tube containing the medicine. At the end of ten hours the albumen in the latter is still undigested, showing the effect of the iron preparation in suspending digestion. He quotes cases in which he considers indigestion to have been due to the presence of a preparation of iron in the stomach; he advises that such medicines be administered one hour before, or four hours after meals.—*Buff. Med. and Surg. Journal*.



**A New Mode of Distinguishing Central from Peripheral Paralysis of the Face.**—It is well known that this diagnosis can be readily made as a general thing by the constant current; the muscles in the paralyzed region contracting if the disease be central, and failing to respond if the nerve trunk itself be involved.

Dr. Strauss says that the diagnosis can be made just as readily by the use of jaborandi. If the disease be central, sweating occurs on both sides of the face, but if the nerve trunk be diseased, there is no sweating on the paralyzed side. He says this action is just as pathognomonic as that of electricity.

That the secretion of sweat is under the control of the nervous system, has now been positively established, and this observation of Strauss seems to show, as was to be expected, that the nerves governing the secretion of sweat in the face accompany the seventh pair.—*Va. Med. Monthly.*

**Saving Time.**—Dr. Clemenceau, the eminent French physician and member of the legislature, is remarkable for his quickness in the dispatch of business. Two men entered his consulting-room simultaneously the other day. The first, in reply to, "What is the matter?" said he had trouble in the chest, and was ordered to take off his shirt.

While prescribing the Doctor ordered the other visitor in, and said: "Just take your shirt off too; it will save time."

He immediately did so, and by the time the Doctor had written the prescription for the first man and received his fee he was stripped to the waist.

"You are suffering from pain in the chest, too, are you not?"

"Well, no," said patient No. 2, "I come to beg you would recommend me for a place in the post-office."

**A Substitute for Quinine.**—Dr. F. F. Habercorn urgently recommends the use of ethereal oil of mustard in fever, as being even superior to quinine. He has tried it in a great many cases, among others in more than fifty cases of chronic fever [intermittent?]. He gives at a dose five drops of a ten-per-cent ethereal solution of oil of mustard, with two drops of an ethereal solution of thymol in a tablespoonful of water or wine; and in inveterate cases he adds three drops olei bassarum juniperi; six doses a day are given. While taking the medicine the patient must hold his breath.—*Louisville Med. News.*

**Jaborandi in Mumps.**—Dr. Testa states, in *Il Morgagni*, that he has employed this remedy in the form of infusion in five cases, and draws from his practice the following conclusions: 1. Jaborandi is an efficient remedy for mumps. 2. The efficacy is explained by its hydragogue, and especially its sialagogue properties. 3. Administered early it will prevent the development of the affection. 4. It may prevent the metastases which are not infrequent.—*Med. and Sur. Rep.*

**Caution in Regard to Chrysophanic Acid.**—Physicians prescribing chrysophanic acid should warn their patients against the accident of introducing it into their eyes with their fingers. Dilatation of the pupil ensues, accompanied with intense inflammatory itching and burning, causing much pain for the time it lasts, though the inflammation soon subsides.—*Boston Journal of Chemistry.*

## SCIENTIFIC ITEMS.

**Why we are Right-Handed.**—Dr. John A. Wyeth, of New York, in an interesting paper on the "Anatomical Reasons for Dextral Preference in Man," which appears in the *Annals of the Anatomical and Surgical Society of Brooklyn*, N. Y., arrives at the following conclusions:

1. Man is right-handed by preference, as a result of his anatomical development.

2. The arrangement of the embryonic protoplasmic element is such that the liver developing on the right side greatly outgrows its opposing viscus, the spleen, and pushes the heart to the left of its original position in the median line, causing an obliteration of one of the two originally symmetrical arches of the aorta, and an obliquity of the remaining one.

3. This loss of symmetry involves an arrangement of the great vessels of the neck and upper extremities by which the artery carrying blood to the right arm is more favorably situated and receives more blood than the one to the left arm, while the left carotid and vertebral arteries supplying the left half of the encephalon, which presides over motion on the right side of the body, are more favorably situated and convey more blood than the two vessels which have the same distribution on the opposite side.

4. This fact accounts for the development of the left half of the brain in excess of the right.

5. It is not the slight excess in weight of the viscera of the right side of the abdomen, which is given by some to be the cause of right-handedness, who argue from this that man must lean to the left, that is, balance himself upon the left leg, leaving the right extremities freer for action. It is a matter of cubic inches, of bulk, in fact, of cardiac displacement.

6. Education, training by persistent effort, will overcome the natural tendency to dextral preference, and will render the individual more clever with the non-preferred hand, more equally adroit with both sides of his body, more symmetrical in muscular growth; will tend to equalize the two halves of the brain, giving a better cerebral development, and will consequently render him more serviceable to society and himself.—*Journal of Chemistry*.

**Treatment of Stammering.**—Dr. W. B. Hammond, in the *British Medical Journal*, gives the following practical hints on this subject:

If the attention of the stammerer can be diverted from himself and his articulation, he will often speak to others as calmly and as perfectly as he does to himself when alone. Now there are various ways of accomplishing this object, but the one that I found most effectual was the performance of some slight muscular action synchronously with the articulation of the difficult syllables. The words that trouble me most were those that began with the explosive consonants—those that require the sudden opening of the lips for their enunciation—*b*, *p*, and *t*. I could no more have repeated the alliterative lines, "Peter Piper

picked a peck of pickled peppers," etc., to other persons without stammering than I could have walked to the moon, though perfectly able to say the whole piece through without a flaw when speaking alone. With each troublesome word, especially with one beginning a sentence, I made some slight motion with the hand or foot, or even with a single finger, and I found that this plan enabled me to get the word out without stammering. With the enunciation of "Peter," for instance, I would tap the side of my body with the hand just as I opened my lips, and the word was articulated without the least halting. In the procedure, the attention is diverted from the effort to speak to the performance of the muscular action mentioned, and hence the speech becomes more automatic.

No orator thinks of his articulation when he is making a speech; no one in ordinary conversation thinks whether or not he will be able to pronounce a certain word, or to acquit himself well in the management of his tongue and lips. His mind is concerned with his thoughts, with what he is going to say, not with the manner in which he will articulate, and the more thoroughly we can succeed in bringing stammerers into the same way of procedure the more successful shall we be in our efforts to cure them.—*Journal of Chemistry*.

**Photography Under Water.**—Wm. Morris, of Greenock, says the Glasgow News, has made a discovery by which he can photograph underneath the water at a depth of ten fathoms. Two of the negatives he has secured are remarkably distinct, but the others are rather dim, owing to defects in the apparatus, which he hopes to remedy. The camera is enclosed in a water-tight glass case, suspended by the center and enclosed by a cover, that is drawn off after the camera—which is fixed on a loaded tripod—has reached its position.

One of the views taken in the bay shows a sandy bottom, with a number of large boulders covered with seaweed, and an old anchor; and in the shade three mooring cables belonging to small yachts close at hand.

Mr. Morris intends soon to carry out his investigations with improved apparatus when he expects to achieve still greater results.

**Telephone.**—A very curious analogy between the telegraph and the nervous system is found in the telephone, the operation of which is strikingly like that of the human ear.

The transmitter may be called an artificial ear, the metallic disc being the tympanum or drum, the bar magnet taking the place of the bones, and the wire serving as the nerves to transmit the vibrations. Dr. Bell is reported to have said that it was by a patient study of the construction of the human ear that he was led to the invention of this wonderful instrument.—*Ibid.*

**A Winking Portrait.**—A peculiar effect in portraits has been produced by Mr. Simmonar. A negative of the sitter is taken with his eyes open and another with his eyes shut; these are printed on paper in such a way that the front and back images exactly coincide. The two sides of the paper when alternately illuminated present a picture of the same person with his eyes opening and shutting, and if the light is shifted rapidly we have a winking portrait.—*Dental Advertiser*.

## PRACTICAL NOTES AND FORMULÆ.

**Wine of Tar—Excellent for Chronic Coughs.**—As usually made, wine of tar is an unsightly, unstable and unpalatable article, but as prepared by the following receipt will be found free from these objections :

R	Tar .....	4 troyounces
	Granulated sugar .....	5 troyounces
	California sherry .....	1½ pints
	Water, sufficient quantity to make .....	2 pints
	Sand, washed and dried .....	8 ounces

Rub the tar with the sugar and sand in a mortar, then with the wine and water. Pour into a bottle all the ingredients and agitate occasionally for 4 or 5 days. Filter with paper pulp, when a fine clear wine will result, highly impregnated with the tar, which will keep without undergoing acetous fermentation. By employing the California wine and water a preparation results that does not contain much more alcohol than would be the case if made by the ordinary plan. The employment of sand is on account of the mechanical division it effects.  
—*Amer. Journal of Pharmacy.*

### To Disguise Castor Oil.—

R	Syrup of orange peel .....	f3j
	Syrup of gum arabic .....	f3ss
	Caramel .....	f3j
	Tartaric acid .....	xxv grains
	Water .....	f3lv

Mix.

**Saint Barthelemy's Fever Liniment.**—Dr. Sezeric makes this liniment by the following process :

R	Olei terebinthine .....	125.0
	Tincture opii .....	5.0
	Camphoræ .....	3.0
	Olei olivæ .....	60.0

M. S. Apply for 6 minutes every 6 hours to the whole spine. After applying three to four times the intermittent fever stays away.—*Pharm. Centrallb.*

**Benzoate of Soda.**—Dr. Cady, of Wisconsin, in N. Y. Record, recommends the following as very useful in diphtheria and pneumonia

R	Solli benzoat .....	3 ij
	Aqua mentha pip .....	3ss
	Syrup aurantii .....	3ss
	Aqua dest .....	3 iiij

M. S. Dose, a tablespoonful every three hours.

**Diphtheria.**—It is somewhat amusing to watch the changes and differences in medical opinion in regard to the treatment of this much dreaded disease. Dr. N. F. Brown, in the *Detroit Lancet*, writes an article recommending very highly the following treatment, which has a rather familiar look, and, if we are not mistaken, was in use twenty years ago. Its age is not against it, however. The novelty of practice often brings disappointment, and we have to fall back upon the old treatment :

When called to see a child, three or four years ago, I gave the following prescription :

R Chlorate of potash..... 3 ss  
Pure glycerine..... 3 ij  
Mur. Tinct. Iron..... gtt- xx  
Water, add., q. s..... 3 ij

M. Sig. Give a teaspoonful every half hour, day and night, arousing the patient when necessary to give the medicine punctually, and when the medicine is all used, renew the prescription, and give the same dose every hour, instead of half-hour. Follow this with tonics, iron quinia, strychnia, etc.—*Boston Med. Journal*.

**Hæmoptysis.**—Dr. Pepper, in a lecture at Philadelphia Hospital, says :

Of drugs, ergot seems to be the most powerful in checking hæmoptysis. The extractum ergotæ fluid. may be given in doses of a teaspoonful every fifteen minutes, until the hemorrhage is stopped, and then continued in smaller doses, or it may be given by hypodermic injection, in doses of gtt. xv, or ergotine may be used. If the stomach is irritable, gr. v of ergotine may be given per rectum. Sometimes ergot will have no appreciable effect. Under such circumstances I think that gallic acid is the next best remedy. I frequently combine it with aromatic sulphuric acid, which makes a more efficient and pleasant mixture.

R Acidi gallici..... 3 ij  
Acidi sulphurici aromat.....f. 3 j  
Glycerinæ.....f. 3 j  
Aquæ, q. s. ut ft.....f. 3 vj M

Dose, a tablespoonful, as required.

This is to be given every hour, every half-hour, or at shorter intervals until the hemorrhage is brought under control. This, I think, ranks next to ergot, and where the stomach refuses ergot, or where ergot produces no effect, I usually resort to this combination.

**Hoof Ointment.**—Very satisfactory results are said to have been obtained with the following ointment in the treatment of all diseases peculiar to hoofs, such as cracks, scratches, cuts, etc. :

R Benzoin catechu, bone charcoal, each..... 10 parts  
Reduce to a fine powder and add :  
Pure carbolic acid..... 8 parts  
Petroleum ointment..... 100 parts  
Yellow wax..... 10 parts

Mix, with a gentle heat.—*Pharm. Centralb.*

**Artificial Selter's Water.—**

R Chloride calcium.....	gr. iv
Chloride magnesium.....	gr. xij
Chloride sodium.....	gr. xv
Citrate iron.....	gr. ss
Tartaric acid.....	ʒ ij
Bicarbonate soda.....	ʒ ijss
Water.....	q. s.

Dissolve all the salts but bicarb. soda and the tartaric acid in a pint of water; pour into a champagne bottle, and fill up with water until the bottle lacks two ounces of being full; add the soda and acid, and cork at once; wire the cork, and allow the bottle to stand for six hours.—*Med. Herald.*

**A Palatable Solution of Salicylic Acid.**—Dr. Flexner, of Louisville, recommends the following combination:

R Salicylic acid.....	ʒ j—ʒ viij
Citrate of potash.....	ʒ ij
Glycerine.....	ʒ viij
Simple elixir q. s. ad.....	Qj

The citrate of potash is to be dissolved in the glycerine by the aid of a gentle heat, after which the acid is to be stirred in, and a gentle heat maintained until it is completely dissolved. On cooling, simple elixir is to be added to bring it up to the required measurement, after which the solution is to be strained. It contains five grains of salicylic acid to the drachm, and is miscible in all proportions with water without the separation of any acid.—*Mich. Med. News.*

**Arsenic in Neuralgia.**—Dr. J. T. Stewart states, in the Peoria Medical Monthly, that he has been in the habit, for many years, of prescribing arsenic combined with opium in ordinary neuralgia, and found it of great value. His formula is as follows:

R Liquor potas. arsen.....	ʒ ij
Tinct. opii.....	ʒ iss
Alcohol.....	ʒ iss M

Sig. Give ten drops in water every three hours, increasing the dose by two or three drops daily until the disease is controlled, or until decided constitutional effects are produced.—*Med. and Surg. Rep.*

**Aristocratic Remedy for Itch.—**

R Balsam of Peru.....	1 ounce
Benzoic acid.....	110 grains
Oil of cloves.....	40 drops
Alcohol.....	2½ drachms
Simple cerate.....	7 ounces.

Dissolve the essential oil and the benzoic acid in the alcohol, and mix them with the cerate. Lastly, add the balsam of Peru. It is said to effect a cure in twenty-four hours.—*Med. and Surg. Rep.*

**Dyspepsia and Consumption.**—Glycerine in combination with iodine is recommended as a substitute for cod-liver oil in strumous cases. The following is suggested as an admirable tonic in cases of lung affection attended, as is often the case, with indigestion :

R Pure glycerine.....	℥ ij
Tinct. iodine.....	℥ ss
Iodii potass.....	gr. vi
Tinct. nux vomica .....	℥ j
Syr. wild cherry.....	℥ ij

Dose, a dessert spoonful before each meal and at bed time if the cough be troublesome.

**For the Removal of Tan and Freckles.**—Dr. J. Nevins indorses the formula of Prof. White.

R Hydrarg. bichlorid.....	gr. vj
Acid. muriat. dil.....	℥ j
Aqua .....	℥ iv
Alcohol.....	℥ ij
Aq. rosæ.....	℥ ij
Glycerine.....	℥ j

Mix. Apply at night, and wash off the skin with soap in the morning.—*Chicago Medical Review.*

**Simple Elixir.**—It may be prepared by mixing :

R Spirit of orange.....	℥ ij
Spirit of cinnamon.....	gttx
Alcohol.....	℥ iv
Simple syrup.....	℥ vj
Water.....	℥ vj

**For Barber's Itch.**—Brame recommends the following treatment : Shave off the hairs or cut them very short; then apply, once or twice a week, an ointment composed of :

R Prepared chalk .....	10 parts
Coal tar.....	1 to 4 parts
Glycerine.....	5 parts
Simple cerate.....	50 parts

**For Phthisis.**—


R Chloride calcium.....	gr. x
Water .....	℥ j
Glycerine .....	℥ j

Mix. Give in wine glass full of milk three times a day.

**Eucalyptol as an Antiseptic.**—Eucalyptol may prove to be the antiseptic of the future. Drs. McIntyre and Bauer recently used it in a spray in a modified form of Lister's dressing in an operation for mammary cancer with the very best results.—*St. Louis Clinical Record.*



## EDITORIAL AND MISCELLANEOUS.

 Please Send up your dues and renew your subscription.

*Subscription receipted* will appear in our next.

*The Southern Medical College* will open its second session on the 13th of October next. A large class is anticipated.

*Medical Books.*—See advertisement of LYNCH & THORNTON, clever gentlemen and enterprising book merchants, Atlanta, Ga.

*Parke, Davis & Co.*—This enterprising establishment is still bringing out new and valuable agents. See their new advertisement in this issue.

*Correction.*—The article in our August issue on gelseminum, credited to London Med. Journal, Dr. Hobbs, ought to have been credited to Louisville Med. News, Dr. A. G. Hobbs.

*Lectures on Lithotrity.*—Prof. Reuben A. Vance, of Cincinnati, has engaged to deliver a series of lectures on the subject of "Modern Lithotrity to the Class of the Southern Medical College at the ensuing Session.

*Fluid Extract of Malt.*—We have a sample bottle of this article as prepared by Messrs. Merrill, Thorpe & Loyd, Cincinnati. It is neatly prepared, is palatable to the taste and is evidently an excellent preparation. See their advertisement.

*Beef Cod-Liver Oil and Pepsin.*—See the advertisement of this preparation. The combination is certainly a happy one. It is prepared by the Brown Chemical Co., Baltimore, Md., sole manufacturers of Powell's Prepared Chemicals.

*Typhoid Fever.*—This disease is prevailing in many localities the present season, and has proven unusually obstinate and protracted. Practical articles on this disease or on typho-malarial fever would be gladly received by the Editors of this Journal.

*Popular Science Monthly.*—This very instructive and interesting monthly we are glad to number among our exchanges. It furnishes most valuable reading to the intelligent practitioner and to men of scientific taste especially. It is published by the enterprising and popular establishment of D. Appleton & Co., New York.

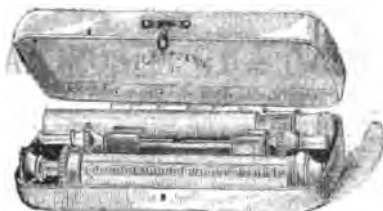
*Liebig Laboratory and Chemical Works.*—We are in receipt of beautiful samples of "Coca Beef Tonic" and "Genuine Extract of Witch Hazel," prepared by the above enterprising establishment, which has both a London and New York house. These are valuable preparations neatly and tastefully put up. The sole agents in this country for their sale are J. L. Berg & Co., 87 William Street, New York.

See their advertisement in this Journal.

*College Fees.*—We have received announcements from the following Colleges: Medical College of Ohio, fees \$75; Cincinnati College of Medicine, fees \$75; Detroit Medical College, fees \$75; Hospital College of Medicine, Louisville, fees \$75; University of Louisville, fees \$75; Medical College of Georgia, at Augusta, fees \$75; New Orleans Medical College, fees \$140; University of Pennsylvania, fees \$140; Bellevue Medical College, fees \$140; SOUTHERN MEDICAL COLLEGE, Atlanta, fees \$75; Atlanta Medical College, fees \$75.



*A New Hypodermic Syringe.*—F. C. Otto & Sons have manufactured a new hypodermic syringe of celluloid. Every part of the syringe is made of celluloid, except the needles. The barrel is as transparent as glass, and will not break by blows or falling.



The cut above will give an idea of the syringe. It is neat and durable and supplies a want, and one our friends will appreciate. Price, \$4 00 by mail. Send to F. C. Otto & Sons, 64 Chatham Street New York.

*A New School Physiology*, by Richard J. Dungleson, A.M., M.D., editor of "Dungleson's Medical Dictionary," "History of Medicine," Secretary of the Academy of Medicine, etc. Illustrated with one hundred and seventeen engravings; 314 pages.—Porter & Coates, Philadelphia, 1880.

As a member of the Board of Commissioners of the Public Schools of Atlanta, we have examined this work with special care, having an eye to the best books for the pupils, and hesitate not to say it is the best work as a School Physiology we have seen.

The time has come when the importance of physiological study in the common schools is acknowledged and appreciated. The recent agitation of sanitary matters in this country, the appointment of Boards of health, and the interest in public health excited thereby has given a decided impetus to all classes of studies having reference to the human body and to the laws of hygiene.

Apart from these considerations, the subject is one of absorbing interest in itself, embracing, as it does, much of comparative anatomy, chemistry and natural history, and covers a wide and interesting field, and is calculated to lead the mind of the student into important and elevated conceptions of both the physical and mental man, and of the evidences of wisdom and design in the works of creation.

The book is neatly gotten up, the print is plain, the style good, the illustrations well drawn, and though sufficiently comprehensive as to include all the important topics of the science, is yet free from unnecessary detail, and of a size admirably suited as a text book for common schools. We trust the publishers will send for inspection copies of this work to the superintendents of Public Schools throughout the country.

P.

#### BOOK NOTICES.

TRANSACTIONS OF THE MISSISSIPPI STATE MEDICAL ASSOCIATION, at the 13th Annual Session held at Vicksburg, April 7, 8 and 9, 1880, with the roll of Members and reports on medical topics—published by the Association.

The present number of the Mississippi Transactions is one of unusual interest. It is neatly gotten up, and contains 177 octavo pages.

The Address of President E. P. Sale, M.D., on the duties we owe our women, is one of marked ability and interest; so is the Annual Oration, by B. F. Ward, M.D.

We note also as worthy of commendation the following interesting papers:

Recent Advances in Surgery, By S. V. D. Hill, M.D.

- Recent Advances in Obstetrics, by N. L. Guice, M.D.  
 Ascyrum Crux-Andree, for Pertussis, by D. L. Phares, M.D.  
 Malarial Hematuria, by J. M. Greene, M.D.  
 Hemorrhagic Malarial Fever, by B. F. Kittrel, M.D.  
 Treatment of Wounds, by C. A. Rice, M.D.  
 Strangulated Inguinal Hernia, by John Brownrigg, M.D.  
 Amputation of Both Legs, by Wirt Johnson, M.D.  
 A Case of Traumatic Tetanus, by Wirt Johnson, M.D.  
 Notes on some Cases of interest, by W. A. Taylor, M.D.  
 Removal of Urethral Calculi by Perineal Section, by J. E. Halbert, M.D.  
 A Case in Practice, by John Featherston, M.D.  
 A Case of Lithotomy, by J. W. Bennett, M.D.  
 Congenital Malformation of the Anus, by J. C. Hall, M.D.  
 Simple Uterine and Vaginal Irrigator, by John S. Featherston, M.D.  
 Case of Atresia Vaginae, complicated with Pregnancy, by E. P. Sale, M.D.  
 Yellow Fever at Concordia, by John B. Pease, M.D.  
 The following are the Officers elect for the ensuing year :  
*President*.—W. F. HYER, M.D., Hudsonville.  
*Vice-Presidents*.—1st. D. L. Phares, M.D., Woodville. 2d. H. Shannon, M.D., Vicksburg. 3d. R. S. Toombs, M.D., Greenville. 4th. W. D. Carter, M.D., Ripley.  
*Recording Secretary*.—Wirt Johnson, M.D., Jackson.  
*Corresponding Secretary*.—M. S. Craft, M.D., Jackson.  
*Treasurer*.—Geo. K. Harrington, M.D., Jackson.  
*Orator*.—S. D. Robbins, M.D., Vicksburg.  
*Alternate Orator*.—S. R. Dunn, M.D., Greenville.

A PRACTICAL TREATISE on Tumor of the Mammary Gland, embracing their Histology, Pathology, Diagnosis and Treatment, by Samuel W. Gross, A.M., M.D., Surgeon to and Lecturer on Clinical Surgery in the Jefferson Medical College Hospital and the Philadelphia Hospital, President of the Pathological Society of Philadelphia, Fellow of and former Master Lecturer on Surgical Pathology in the College of Physicians of Philadelphia, Fellow of the Academy of Surgery of Philadelphia, etc. Illustrated by twenty-nine engravings. 246 pages octavo.—New York, D. Appleton & Co., 1, 3 and 5, Bond Street, 1880.

This contribution from Dr. Gross fills a void in our medical literature. The author has brought his extensive knowledge and powers of research into requisition in the investigation of the pathology, histological character and differential diagnosis of mammary diseases, including carcinoma, etc. He holds that cancer may be permanently relieved by thorough operations practiced in the early stage of its evolution. He brings many facts to sustain this position.

The work contains much that is new and instructive, and will be gladly welcomed by the profession.

SUPPLEMENT TO THE AMERICAN DISPENSATORY, by John King, M.D., Professor of Obstetrics and Diseases of Women and Children in the Eclectic College of Medicine, Cincinnati, of Materia Medica, Therapeutics and Medical Jurisprudence, etc., etc.; and by John U. Lloyd, Professor of Chemistry and Pharmacy in the Eclectic Medical Institute of Cincinnati, etc.—Witstach, Baldwin & Co., 143 Race Street, Cincinnati.

This is an eclectic work, and so the American Dispensatory to which it is a Supplement. We would not be understood in this review as endorsing that system, but as a journalist seek to give our readers information upon all subjects which the facilities of our position throw into our hands.

The interest now taken in the department of Therapeutics, and the

advances which are being made have developed an eager desire to examine and test the new remedies from whatever source they come.

The work or Supplement now under review is devoted in the main to a history, description, and therapeutical properties of new remedies. It contains much that is new and interesting; the illustrations are original and are life-like and true to nature.

Prof. J. U. Lloyd was intrusted with this department of the work and states that "The chemical and pharmaceutical processes given are derived in a large degree from personal experience in laboratory work."

As a chemist and practical pharmacist, Prof. Lloyd stands deservedly high.

**THE SKIN IN HEALTH AND DISEASE**, by L. Duncan Bulkley, M.D., Attending Physician for Skin and Venereal Diseases at the New York Hospital, Out Patient Department; Late Physician to the Skin Department, Dermatological Dispensary, New York, etc.—Philadelphia, Presley Blakiston, 1012 Walnut Street, 1880.

This is a neat little work of 142 pages, embracing chapters on the following general heads: Anatomy and Physiology of the Skin; the Care of the Skin in Health; Diseases of the Skin; Diet and Hygiene in Diseases of the Skin.

**THE BRAIN AS AN ORGAN OF THE MIND**, by H. Charlton Bastian, M.A., M.D., F. R. S., Professor of Pathological Anatomy and of Clinical Medicine in University College, London, Physician to University College Hospital and to the National Hospital for the Paralyzed and Epileptic; with one hundred and eighty-four illustrations.—New York, D. Appleton & Co., 5 Bond Street, 1880.

This is a book of 700 pages, embracing recent views and discoveries in regard to the origin and functions of the nervous system, and containing many interesting and instructive facts and principles relative to the brain and mental operations. The chapters upon speech and thought, and the localization of the higher cerebral functions, we perused with special interest, also that upon the nature and origin of instinct. It is a valuable and instructive work, and will repay perusal.

## SPECIAL NOTICES.

We have received from Messrs. WM. R. WARNER & Co. samples of their pharmaceutical preparations for the use of physicians and practitioners. These preparations have received high awards at the centennial and other international exhibitions, and have attained a considerable reputation in America.

Warner & Co.'s sugar-coated pills are extremely well made; have a smooth, elastic coating; and, if cut through, the mass within is found to be soft and easily soluble. They include phosphorus pills, containing 1-50 of a grain of phosphorus in each; have been especially praised by the judges on account of the completeness with which the phosphorus is diffused and subdivided whilst it is protected from oxidation.

**COCA** (*Erythroxylon Coca*).—The properties of this drug have long been familiar to the natives of Bolivia and Peru, to which countries it is indigenous. It is a powerful nervous stimulant, and increases the power of the muscular system to sustain fatigue. It has also a pleasant, general, excitant influence, removing fatigue and languor. Its effect on the brain is to stimulate that organ to greater activity, and to relieve the mind of the depression incident to worry and anxiety.

Considerable interest has been excited in this new remedy by the report of Prof. E. R. Palmer, M.D., of the University of Louisville, on its efficacy in the treatment of opium habit.

A pure article of coca is furnished by **PARKE, DAVIS & CO.**, Detroit, Mich.

We would call attention to the advertisement, on page 9, of Messrs. **HENRY THAYER & CO.**

This is an old and honorable house, having been established in their branch of Pharmaceutical Chemistry over thirty years.

All of their preparations are faithfully made of full strength, elegant in appearance, and have deservedly won a wide reputation. Physicians and druggists may depend upon the correctness and accuracy of any preparation bearing their label.

Their list of new Fluid Extracts is extensive, and the genuineness of indigenous raw material is certified at the Botanical Gardens of Harvard University.

T H E

# Southern Medical Record.

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EDITORS:

T. S. POWELL, M.D.    W. T. GOLDSMITH, M.D.    R. C. WORD, M.D.

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*R. C. WORD, M.D., Managing Editor.*

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All Communications and Letters on Business connected with the RECORD must  
be addressed to the Managing Editor.

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## ORIGINAL AND SELECTED ARTICLES.

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### SOME CASES CURIOUS OF DIAGNOSIS.

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BY A. F. KINNE, A.M., M.D., OF MICHIGAN.

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*Case 1.*—I was requested some years since, by my friend, Dr. N. Webb, of this city, to see a child of his, a well grown and healthy girl, aged 12 years, and help him, if I could, in making a diagnosis. At the time of my arrival, at 10 o'clock of a Saturday night, she had had a fever, all the time increasing rather than remitting, for fifty-three hours. What kind of a fever was it?

To give me all the facts that could have any possible bearing upon the case, the Doctor stated that on the previous Monday, the child had got scalded in such a way as to blister the posterior aspect of one of the lower extremities, from above the middle of the thigh down to the ankle. But the burn did not prove to be deep, and had given him no trouble. He had taken especial care that the loosed cuticle should not be disturbed, and in two or three days, with the use of only ordinary remedies, a new one had formed beneath it, and the soreness was gone.

Between the burn, therefore, and the fever, which came on with a distinct chill, at about 5 o'clock Thursday afternoon, he apprehended

no connection—except perhaps that so extensive a lesion might have had some tendency to reduce the tone of the system. He took it to be an ordinary bilious attack and gave a mild cathartic, intending to follow it up with quinine as soon as the expected remission began to show itself. But the fever did not abate. On the other hand, it was higher the next afternoon than it was in the beginning. But as there were no noticeable symptoms of any local disease, he understood this increase of fever simply to mean that the case was a hard one, and added fever powders to the treatment, and waited, hoping to see some signs of a much-wished-for remission further on.

But in this expectation he was doomed to be disappointed again, more completely the second time than he was the first, for the fever was still higher and more clearly inflammatory in its character, while the suffering organ it was impossible to point out. The puzzle seemed to be impenetrable, and very naturally he became alarmed for the safety of his child and wanted counsel.

Upon my arrival the obscurity of the case was still the same. But upon one point we were agreed: The fever was clearly inflammatory. We did not then have the clinical thermometer, but the temperature could not have been estimated at less than  $105^{\circ}$ ; pulse 120, full and bounding; face flushed and eyes brilliant.

I, therefore, proceeded to make a careful physical examination of every part of the body, *de fond en comble*, but with only negative results. No sign of local disease could be anywhere detected. But upon thinking over the different points of the case, I got back at length to the burn, and there I struck a trail that led us out of the woods. I thought of the similarity between a burn and an erysipelas, and then I remembered that I had seen the latter, when about cured, take a new departure from some points in its old track, and run over the whole of the inflamed surface again. Might it not do the same thing upon a burnt surface? And upon lifting a piece of the dry and loosened cuticle in this case, would not an erysipelas be found lurking beneath it?

This settled it. I announced the result of my thinking to Dr. Webb very much to his surprise and gratification, and we proceeded at once to uncover an erysipelas, exactly co-extensive with the surface blistered by the burn.

*Case 2.*—I was called in haste, August 12th, 1866, to see Mr. Z. T. H., æt. 45, a carpenter, tall and rather spare, but in good health usually, and found him lying upon the outside of his bed, with his clothes on, cold and pulseless, and in a state of profound insensibility.

His wife said: "I went out for a few minutes at about half past ten, leaving no one about the house but my husband, who was on the

roof laying shingles. The roof looks to the South, and the sun was shining on it very hot; and when I returned in about half an hour, I found him here as you see him. He ate breakfast as usual and had not complained of feeling unwell."

In the alarm that naturally followed this discovery, several doctors had been called indiscriminately. Dr. K., an "eclectic," who arrived first, had called it a case of sunstroke and had, at once, began to apply hot fomentations to the extremities and to administer homœopathic dilutions. But in sunstroke, and also in apoplexy, in the former especially, the temperature is above the natural. We did not then have the clinical thermometer, but by taking his breath upon my face I was reasonably sure this man's heat was leaving him, and upon the whole, I was of the opinion that it was a case of pernicious fever of the algid type; and in this diagnosis Dr. Ashley, the family physician, who presently arrived, coincided, and we agreed also that the case was a critical one. But upon a vigorous resort to dry heat and mustard, quinine and capsicum, we had the pleasure, after a time, of seeing him slowly recover his bodily temperature and his consciousness.

But the rub came in the next morning. Upon calling to see our patient I found him still in bed, but he exclaimed that he had got about over his yesterday's sickness, and thought that in a little time he would feel strong enough to go to work again; and then with a sly twinkle in his eye he added:

"I suppose if I had been here myself I could have told you what the matter was yesterday."

"What do you say?" I said in some surprise, "were not we any of us smart enough to make out your case, after all?"

"I should say not," he replied, "but I will tell you what I know about it, and then you can judge. When I was on the roof yesterday, shingling, I was feeling as well as ever. The sun was shining on me, and it was pretty warm up there, but I was not aware that the heat was overcoming me in the least. Then, of a sudden, a big hornet came at me and run his stinger into my naked arm there; well! to judge by the hurt of it, I should say about a foot and a half, and it was not seemingly two minutes before a deathly sickness came over me which I cannot describe. I felt that I was done for sure enough. It appears that I got down off the roof and found my way into the house and on to the bed here, but how it was done, I have now no recollection."

Whose diagnosis was the correct one in this case, the patient's own or his medical attendants? Is the sting of an insect capable of producing, in some constitutions, the effects which we witnessed? Or were we correct in calling it a congestive chill, and the insect poisoning only

an accidental complication? It seems the literature of such cases is meager. Can we not hear from some observer through the columns of the SOUTHERN MEDICAL RECORD?

*Case 3.*—In 1879, when the Ypsilanti and Hillsdale R.R. was building, I was called to see an Irishman who had just been dug out from under a bank of falling earth. He was covered completely out of sight; but fortunately his cap was pushed down over his face in such a way as to retain around his mouth a few cubic inches of air, with which he was able to breathe a little, and, what was more to the purpose, make an audible sound, for this smothered cry showed his comrades where his head was and saved his life.

I found him at his boarding-house, lying upon his back, not in much pain, not presenting the evidences of a profound shock and not under the impression that he was badly hurt, but complaining of great weakness in his lower extremities.

The men said they raised him to his feet when they got him out of the dirt, but his legs would not hold him up, and they thought the right limb seemed a little the weaker of the two. And the problem for me to solve was, what was the lesion upon which this weakness depended?

Was there a broken back? There was weakness enough perhaps to answer this question in the affirmative, but it was peculiar, it was not muscular. There was no paralysis of sensation, of motion or of organic life, and the bows of the legs were not broken; the hip joints were in place, and a careful manipulation of the pelvic bones failed to disclose any sign of weakness in them. And I was greatly at a loss for a rational opinion.

But the workmen said that when they shoveled him out, they found him lying upon his side, and just over his hips there was an unbroken lump of clay so heavy that it required the united strength of four men to roll it away, after the loose dirt around it had been removed. Here, possibly, was the clue of which I was in search. The immense pressure of this mass of earth, had been sufficient to fracture the pelvis at the symphysis pubis, but had been prevented from crushing the man fatally by the quantity of loose dirt which fell along with it. And I saw two ways in which this hypothesis could and probably would be verified.

In the first place, the fracture would be likely to take place exactly in front, that being the weakest point in the bone; it would necessarily be an oblique one, and the laceration and tumefaction of the soft parts beneath the bone and between it and the urethra would soon close that passage up. And this expectation was realized. Soon after the accident his urination was unobstructed; in ten hours more, it was necessary to use a catheter.

In the second place, the internal injury might be followed by a peritonitis. And this also was realized in like manner. The chill occurred in the early part of the first night, and the fever and other symptoms of a peritoneal complication were unmistakable.

But the case did not prove to be a difficult one, except in the making of the diagnosis. The peritonitis did not spread, was probably limited by adhesions, and soon yielded to appropriate treatment. The use of a catheter twice a day was required for ten days, and in about four weeks, the time generally required for the consolidation of a broken bone, the patient was on his feet.

*Case 4.*—Mr. Ira W., æt. 50, commercial traveler, of active habits, and sound in body, as far as was known, called me on September 11, 1869. It was simply an attack of bilious remittent fever, for which I gave him a cathartic and followed its operation with quinine in two-grain doses every second hour, and the case went on very well. At 10 o'clock in the morning of the 12th, he had taken twenty-four grains of the sulphate, was free from fever and quite comfortable. And as his wife had not slept well the night before, he desired her to go to bed in another room, and leave him alone. And as he had no more medicine to take before morning, and seemed disposed to sleep himself, she did so.

In the morning, her first surprise was that he had not called for anything through the night. In some trepidation, therefore, she hurried to his bedside and was horrified to find him in a state of insensibility from which she could not arouse him.

What had happened to produce this sudden and unexpected change in my patient's condition? This was the question that confronted me when I entered the room a few minutes later, and without exception I think it was the most difficult diagnostic knot I was ever called upon to untie.

Was it the work of an opiate? My patient appeared to be narcotised, but upon this point the wife was very positive. No opiate had been prescribed, and she was sure there was no alcohol or other narcotic about the house which, in any possible way, he could have got hold of; and she did not believe he would have taken anything of the kind, even if he could. And it was not the coma of a fever—no fever was present. And it could not very well be an apoplexy, for the temperature was not above the normal, and the breathing was not stertorous. This disposed of four of the ordinary causes of a comatose condition, and there was but one more left to be considered—the uræmic. As to this, I had been his medical adviser for a number of years, and there was no previous history of any disorder of the kidneys whatever.



Upon turning this matter over, however, with my thinking cap on, it came to my mind that I had read somewhere that the sulphate of quinine had been found to produce comatose symptoms in a case of diabetes, by paralyzing the function of a kidney already disordered and suspending the elimination of the urea. But where in this case was the diabetes, as a condition precedent? Could it be possible that this man had been passing diabetic urine and did not know it himself? His wife said he was not in the habit of leaving his bed for the purpose of micturition during the night, and she was not aware that he had been urinating more frequently or in greater quantity than would be natural. Could it possibly be a new accession of disease? There was no other clue at any rate, and I continued, therefore, to follow this one. The patient did not appear to have voided urine in a good many hours, and a supra-pubic dullness indicated a considerable accumulation of it. I drew it off, therefore, and tested it at my office. Its specific gravity was 1.037, and by Trammer's test, sugar was present in unmistakable quantity.

When this flow of diabetic urine began, we cannot know. The patient recovered his consciousness the next day. But the diabetes continued, and the patient died of phthisis in about three years.

I have recently had a case in consultation with Dr. H. B. Jenks, of Dentons, Michigan, where quinine in five-grain doses had been given to a diabetic patient, and no comatose symptoms had followed. But this man was in the very last stage of his disease. He died the next day.

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### A REMARKABLE CASE OF POISONING.

[Translated from "Medicinische Newkeiten für Practische Ärzte Erlangen." January 1st 1880.]

BY A. F. F. KERSTAN, M.D., ATLANTA, GA.

In the Daily News a remarkable case of poisoning is reported, which occurred in Saxony. A young engineer who was employed since November of the past year in the machine manufactory of his father to make drawings, sank suddenly down on his workingtable. From the results of a *post-mortem* examination, the family physician suspected poisoning. This suspicion was confirmed by physicians who made a second *post-mortem* examination. After that an examination of various parts of the corpse, at the Central Laboratory in Dresden, proved the following result:

The œsophagus contained no trace of arsenic; the stomach and its contents only the most minute traces of it; but it was very clearly pos-

sible to detect its presence in the small intestines, liver, kidneys, lungs, heart and brain. From the abundance of arsenic in the brain was necessarily inferred a very carefully contrived poisoning, which possibly might be considered only in a secondary degree as the cause of death. This conclusion was justified by still other facts. The circumstance that the young man had lived in very happy domestic relations excluded the probability of an intentional suicide or of a murder by others. The physical state of the man had been disturbed of late, and on the last day of his life he had complained of severe headache. Hence his surviving kindred fixed their attention upon his former manner of labor, and consequently they sent to the Central Laboratory, in Dresden, a great many objects for examination—among them various water-paints which the deceased had used in the latter part of his life, as was well known. The chemical examination of these water-paints proved that tusch, gamboge, carmine, blue, red kosin-ink and neutral-ink were entirely free of arsenic. A specimen of sepia contained 1.08 per cent.; a specimen of terre de sienne, with the stamp "F. M. Paillard," 3.14 per cent.; a red-brown paint even 3.15 per cent. of arsenious acid. Sepia with the firm's stamp "Chenal, Paris," and burnt and unburnt terre de sienne with the term "technical paint," were proven to contain arsenic. These paints the young man had formerly used in the Polytechnical School. And he had the habit of bringing the paint-saturated brush to his lips and pointing it between them. It was conceded in this way there was a gradual introduction of the arsenic-containing paint by means of the saliva, that finally brought on the poisoning.

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### BITES OF REPTILES.

BY J. HENDREE, M.D., OF ALA.

I was much interested in the graphic account by Dr. Jones, in your last number, of snake bites. Permit me to state that the best antidote for all reptile and insect poisons is "Eau de Luce," an ammoniacal preparation which ought to be kept in every house, and carried about the person by those exposed to such accidents. Bathe the wound profusely and give a teaspoonful in brandy, or any strong spirit, every ten or fifteen minutes. This makes an active and not disagreeable ammonia julep. The preparation is kept in the Zoological Gardens of Europe. See Frank Buckland's "Zoological Recreations."

Some years since, one of the keepers of the cobras, at Regent's Park, in a state of complete intoxication, entered the cage, and handling one

of the serpents roughly and carelessly, was bitten. His intoxication and the profuse use of spirits, without an alkali, did not save him, and he died in a few hours.

The recipe for eau de luce may be had at any druggist's.

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### USE OF PESSARIES, ETC.

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BY I. T. SUGGS, M.D.

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In reply to Dr. Gibson's request, relative to pessaries, I send you the following :

In the first place, what causes prolapsus uteri? When we consider the size, position, supports of the healthy uterus, we see at a glance that such a condition as prolapsus is almost, if not altogether, impossible unless there is inflammation, abrasion or ulceration, and consequently an increase of size and weight. Thus, prolapsus is not the disease, but a symptom or perhaps the result of disease. Such being the case, the hard pessary coming in contact with the already diseased os uteri, certainly does more harm than good; such, I am satisfied, is the result of my experience. Since the introduction of the metoscopic treatment which I adopted in the year 1853, I have in my treatment of uterine diseases used the ring pessary with much benefit. It does not in any way irritate the diseased os; the sponge pessary has in some cases proven serviceable. I have for the last 27 years made the treatment of chronic female diseases a specialty, so much so as could be in a country practice, and am satisfied that chronic uterine diseases are as curable a class of diseases as I have ever attended. Cure the disease, and the prolapsus disappears. An outline of my treatment has been as follows such constitutional treatment, as the symptoms required; especially regulate the bowels and keep them so; use tonics as may be indicated. Local treatment: Caustics of different kinds, nitrate of silver, caustic potassa, iodine, acid nitrate of mercury, carbolic acid, iodine and carbolic acid, etc., with various washes, as carbolic acid diluted, alum, acetate of lead, cleansing washes, especially at night if there is much vaginal discharge, oftener if required. Avoid all stooping or straining work; take plenty of moderate exercise. In indolent ulcer, where there is albuminous discharge, use a small cup-shaped sponge, applied to the os, filled with brown sugar and salt; let it remain 8 or 10 hours; attach a small cord by which she can remove it. This generally increases the discharge. Do not discharge the patient under two months after the disease is apparently well; still see her occasionally for four or five weeks, so as to be sure she is permanently cured.

TOO MUCH MATERIA MEDICA—TOO MANY PREPARATIONS OF CINCHONA BARK—THE CULTURE OF THE CINCHONA TREE IN THE UNITED STATES.

BY A. G. SMYTHE, M.D., OF MISS.

There is a sensible question in the *Western Lancet*, when calling attention to the new preparation quinamine. "When will this diabolism cease, and will the traffickers in remedyism ever let up their schemes of crowding into the race their tiresome innovations, and endeavoring to compel physicians to prescribe their silly and useless nostrums?" It is not in the spirit of opposition to the proper and legitimate advance in the march of discovery, or to check the enterprise of the chemist and pharmacist, all of which are right in their proper way and place, but there is a point beyond which endurance ceases to be a Christian virtue. The different preparations of cinchona bark which are and have been presented with all the contortions and distortions in the vocabulary and nomenclature of remedial agents in therapeutics, are not simply an annoyance, but have become disgusting to the sober philosophic physician, who has not the time at his command to become familiar with the different names and the peculiar definitions of the different preparations of cinchona bark, which are now offered to the general practitioner, to say nothing of an opportunity to make a sufficient trial to ascertain whether they can be substituted for the more familiar preparations, whose character is already established. And was he to attempt to make the trial in private practice, it would cost him his professional character, if it was known that he was making an experiment of the kind, unless when it was impossible to procure the usual standard articles.

While the people at large (especially in the rural or country districts) are willing that their physicians be equally well skilled in all that pertains to their profession, they, at the same time, have a great aversion to the making of experiments upon themselves.

There is at present in the South and West a violent prejudice against the use of the sulphate cinchonidia, and in many localities it is only used covertly. The only way to get out of this dilemma will be to fall back on the crude powdered cinchona bark. Nothing can be cheaper that is prepared from it. Whilst your correspondent has at all times been an advocate for improvement in all things, and holds to the doctrine of progression now, he is forced to the conclusion that the introduction of such a host of new remedies and new preparations, while all or most of the old are retained, is swelling the catalogue of articles

in the materia medica to an alarming extent, and unless there is some check upon it, where or when will it stop? It must have an end, or all the knowledge of the physician will be swallowed up in it. And yet we must keep up with all the departments of the science of medicine, and the collateral sciences, possess general intelligence and culture, as well as be gentlemen of leisure.

Why, the articles of the materia medica have accumulated into a mass of such colossal proportions, that to thoroughly comprehend and understand the natural, commercial, chemical and therapeutical histories of the same, would consume the greater part of the manhood life of most of men, afford almost no time for the acquirement of the necessary knowledge in the other important and indispensable departments of the science of medicine. Unless there is some check put upon this thing, everything in each of the great kingdoms of nature, mineral, vegetable, animal and aerial, will be incorporated in the catalogue of materia medica, a thing of such magnitude that no human understanding could comprehend it; the creator only could know it. In short, the only way to correct the abuse is to select the fittest, select a sufficient number of well tried standard articles in the different departments of materia medica, and if not supposed to be advisable to discard all, or even a part of the secondary list; do not require candidates for the doctorate to be familiar with the use of a mass of useless remedies, when their time could be spent with so much more profit in the other departments of medicine.

I set out to say something about the growing evil, for evil it is, of swelling the materia medica to such an extent; have said more than was my intention, but could not say less and say anything, and as I commenced upon cinchona, will close upon it.

There is at this time a great desire in the medical world to procure a substitute for the present high-priced preparations of cinchona bark. Many attempts have been made to introduce articles of various kinds, all of which have in a measure failed. It is now a well established fact, that with our present knowledge, no article in the materia medica can fill the place of cinchona and its preparations. To meet the wish and necessity—for necessity it is—chemists and pharmacists have taxed their skill and ingenuity, if not to their utmost, to a degree that has become annoying to the general practitioner. What your contributor desires to call attention to at this time is the introduction and culture of the cinchona tree in the United States. That it can be successfully cultivated in the elevated regions of S. W. Virginia, Western North Carolina, North Georgia and Alabama, also the mountainous portions of the Pacific States, is borne out by the various reports of its

successful and profitable culture in the British East Indies. Being so truly convinced of the importance of this subject, your contributor presented the following resolution, which was unanimously adopted, at the late meeting of the Mississippi State Medical Association, at Vicksburg, Miss., in April, 1880.—Vide Transactions of the Association, 1880, page 30.

“*Resolved*, That the Mississippi State Medical Association respectfully request the Senators and Representatives from the State of Mississippi, in the Congress of the United States, to present a bill to create a Scientific Commission to consider the practicability of the introduction of the cinchona tree in the mountainous districts of the United States; the enterprise to be under the patronage of the Agricultural (or other) department of the Government.”

Your contributor is of opinion that if a small portion of the capital, brain and labor now devoted to the manufacture and introduction of the many preparations of cinchona was devoted to the support of the foregoing resolution, that it would, in all probability, advance all the interests, wishes and intentions of all classes of American citizens, as well as the interests of humanity, in the manufacture of the manifold preparations of cinchona; would open a new and profitable industry, also bring into use and occupation large tracts and bodies of unsettled and unoccupied lands in the wild and mountainous portions of the country, to say nothing of the benefit of an independent source of supply of this now indispensable article of the materia medica. Much more might be said in this connection upon this subject, but I forbear for the present, reserving the right to add whatever may be necessary in the future, in advocating the proposition embodied in the resolution offered by your contributor trusting that what has already been said upon the subject will invite a discussion from sources that are better informed and more capable of setting forth the merits of the proposition than your humble but devoted contributor.

It is to be hoped that the apparent objection to the great number of preparations of cinchona will not be construed so as to ground the opinion that there is or was any disposition to oppose the legitimate advance in the march of inquiry, discovery or improvement. Such is not, nor was not, the intention in the most remote sense, but to call attention to what is a growing evil and abuse in certain quarters. It is only by philosophic inquiry and experiment that discoveries and improvements are made, except when by accident. The time has come when it is necessary that there should be a check upon this abuse.

The foregoing explanation was necessary to prevent a false construction upon the language used at the outset of this article.

## THE PHYSIOLOGICAL ACTION OF FATTY INUNCTIONS.

BY W. K. HARRISON, M.D.

The use of oily inunction in the treatment of disease has been in vogue from very early times. The anointing of the sick with oil is mentioned in the Bible and in many other ancient writings, and is advocated by medical authors from those ancient days down to the present time. From observation and inquiry, I am inclined to believe that fatty inunction is practiced more by eclectics than by other schools of medicine. It is undoubtedly attended with good results, and must be based upon sound physiological principles. In the febrile conditions of children, where there is a harsh, dry skin, loss of appetite, rapid pulse, great thirst, etc., fatty inunctions are often followed by a rapid amelioration of the symptoms, and in two or three hours' time, the skin is found to be cooled and soft, and a quiet, comfortable sleep is the result. Experience teaches us to expect great benefit from the external use of fats in scarlet fever and measles, with high temperatures, and these are the diseases in which they are commonly recommended, but they are not a whit less useful in other febrile conditions. In the summer diseases of children, where there is fever accompanied with disturbances of the alimentary canal, fatty inunction not only mitigates the fever, but also lessens intestinal irritation in a marked degree.

From actual experiment with the clinical thermometer, I am convinced that the external use of fat alone will often cause a reduction of from one to three degrees in temperature.

This reduction of temperature may be explained upon physiological grounds. Dr. Routh says, in "Infant feeding," there is probably in all animals, particularly young animals, a certain amount of cutaneous respiration, *i. e.*, some action between the oxygen of the atmosphere and the capillaries of the skin. The way in which this process is carried on, I do not presume to explain. If, however, this external communication with the oxygen of the air be cut off, the temperature falls several degrees. Becquerel and Breschet, in "Carpenter's physiology," found that the temperature of rabbits, which had been first shaved and then covered with varnish, fell in an hour from 100° to 76°, and in one instance to 69½°. An inunction of fat cuts off the oxygen of the air less perfectly, and the fall in temperature is less marked, yet its antipyretic action is decided, and may be utilized with great benefit in cases where remedies are not well received by the stomach, or in conjunction with such remedies. A therapeutic measure so simple, rational and harmless, is worthy of more extended use. —*Chicago Med. Times.*

## ON THE INFLUENCE OF MATERNAL SHOCK IN THE PRODUCTION OF FETAL MONSTROSITIES.

BY THOMAS WILSON, M.R.C.S., L.R.C.P.

[Read before a conjoint meeting of the Border Counties and North of England branches of the British Medical Association.]

Most of us who are engaged in the routine of general practice, and especially in the department of midwifery, have had our attention repeatedly drawn to the occurrence of cases of abnormal development, for which the mother nearly always offers us an explanation. There are few of us, indeed, who have not ere this made acquaintance with such marks on children as *nævi*, the so-called "port wine stains," or "strawberry marks," and who have not received from the lips of the mother a theory of their causation.

As in the physical world every state of matter is conditioned by antecedent changes, or, in other words, is the effect of certain causes, so in the world of life there can be no such thing as a "freak of nature," no such thing as a spontaneous divergence from any line of development, without a concurrence of antecedent conditions, in which its cause may be said to lie.

It is out of a recognition of this fact that there has sprung up the theory of "maternal impressions," by which mothers and many others seek to explain the occurrence of abnormalities in their offspring by the operation of certain physical agencies. It was enough to the mother who had carried her child into the months of autumn, and who was then safely delivered of a baby with a large *nævus* on its face, to remember the fact of her visit to the market, and the effect which a large basket of strawberries produced on her imagination on that occasion. With many other similar remarks we are all more or less familiar, and how have we regarded them? Simply as crudities of thought, simply as the expression of human nature to find a cause for everything; simply as the wish, on the part of the maternal mind, to corroborate, in some way or other, the occurrence of certain peculiarities, in the skin of her child for instance, with certain objects in the external world presenting to her mind similarities of appearance. We all know how disinclined we have been to accept such statements, which would make the relationship that of cause and effect, knowing the impossibility for the imagination of the mother, by brooding over certain circumstances, to develop such changes in the child. Creation by fancy, so to speak, cannot occur—and hence we have come to consider certain conditions, which in the mother's mind stand related as cause and effect, as simple coincidences, unexplained, it is true, by any law with which we are familiar. We have preferred taking this view of the matter, on the testimony of our best anatomists, that "no nervous communication is known to exist between the mother and her *fœtus* in *utero*." Whatever effect external objects may have had on the imagination of a mother, it is evident that no amount of thought or reflection on the part of the maternal mind can develop abnormalities in the *fœtus* in her womb; for to assert the affirmative is simply to make the mind of the mother a creative faculty.



This is the position I have maintained, and yet the occurrence of certain cases in my practice has caused me to reconsider the question, and to arrive at this conclusion—that whether or not there be nervous communications between the mother and the child she is carrying in her womb, there is sufficient evidence pointing very strongly in the direction of the products of conception being affected by circumstances which produce shock to the mother; and without being too dogmatic on that point, it would appear that the earlier in the period of utero-gestation, the greater is the liability to the product being affected. How it comes about that shock to the mother should thus interfere with the development of her child I cannot tell. I offer no theory, in the face of anatomical obstacles, but simply bring before you a few facts to show you that while no nervous communication is known to exist between mother and child, in utero, the effect of shock upon the mother is not confined to herself, but also acts upon the babe she is carrying. With this object in view, I shall briefly detail the facts of five cases.

*Case 1.*—Mrs. O——, aged twenty-five years, on giving birth to her second child, it was noticed that the child had spina bifida and club feet. The cause assigned by the mother was that when in the fifth month of pregnancy, she saw a man fall down in the street in an epileptic fit. The man in question was club footed.

*Case 2.*—Mrs. T——, aged twenty-three years, primipara; her child was born with a red mark on its back, and also a mark on the center of his forehead. Explanation given by the mother: when in her fourth month, a girl came behind her unawares and gave her a slap on the lumbar region; a month later, while reaching for some crockery in a closet, something fell down from above on her forehead.

*Case 3.*—Mrs. R——, aged thirty-four years, told me that in her sixth pregnancy, when about half gone, she was standing looking out of her doorway, and she saw a horse and cart run over a child's forehead; her own child's head was deficient from the eyes upwards.

*Case 4.*—Mrs. M——, aged sixteen years; her child was born with two distinct vesicles on the left hand, one over the metacarpal bone, and the other on the phalanx of the left index finger. Mother stated that a few days before the child was born she was ironing some clothes, while something startled her and she burnt her hand; the vesicles on the hand of the mother exactly corresponded with those on the hand of the child.

*Case 5.*—Mrs. W——, aged twenty-four years; her second child was born on the 28th of December, 1879, after a short labor of two-and-a-half hour's duration. It moaned from the time of its birth, and only lived two days. During this time it was unable to take the breast, and continued to moan until it died. There was, therefore, nothing unusual about the birth. As her first child only lived a fortnight, and this, her second, had died so soon after its birth from some unexplained cause, I suggested a post-mortem, with the following results. Autopsy: Body is that of a well-developed child. The face is pale, the fingers and finger nails are black, the fingers are not clinched. Rigor mortis well developed. Head: on reflecting the scalp it is noticed that the upper and posterior portions of the parietal and parieto-occipital re.

gions are found to be of a very dark color. The coloration is that which is noticed when blood has been effused into tissues, as in ecchymosis. The calvarium, on being removed, carried with it the dura mater, which adhered to the fontanelles. Under the arachnoid and over the left occipito-parietal lobes of the brain there is a good deal of blood effused. There are numerous small hemorrhages, varying in size from a pin's head to a pea; a similar condition exists under the membranes on the right side. The membranes, however, are easily removed, leaving the brain uninjured. The vessels are distended, on some there are dilatations. The membranes of the cerebellum are also hyperæmic. The brain and cerebellum healthy. The puncta hemorrhagica are not in any way increased. No effusion in ventricles, a little at the base of the brain. There was rupture of the lateral sinus. Chest: both lungs are engorged, especially in the lower lobes. They feel firm to the touch, and cut like a piece of flesh. The section is studded here and there with small reddish black points, as if of pulmonary apoplexy. The condition of the lung is that met with in the early stage of pneumonia. Heart: the left ventricle contains clotted blood; the right is also filled with clot, which can be traced into the pulmonary artery; the abdominal organs are healthy. There was no disease of blood-vessels. This was considered a case of cerebral pneumonia.

*Remarks.*—After some conversation with the mother the following explanation was given by her: In the act of removing something out of a large chest, some three months before her confinement, the lid came down suddenly on the crown of her head, and as it was somewhat heavy it caused her to faint, and to complain of pain in that region. Until a few days ago she complained of a dizziness in her head. Now, as nothing occurred during, or after, parturition to produce such a general ecchymosis under the scalp, and, so far as I am aware, there is no ante-partum condition which can cause it, I leave it to you to consider how much reliance is to be placed on the fact of injury to the mother.

We are in this condition with the five cases I have read to you. On the one hand we have certain abnormalities in some children, and, on the other, we have certain statements by their mothers. How do these two circumstances stand related to each other? Is it, as the mother insists, one of cause and effect? Is it possible that the mere observation of a person in a fit so impresses a woman that the child she is carrying exhibits distinct signs of that at which she shuddered? Is the anencephalous monster, or the child with the spina bifida, but the material reflection of the maternal impression? (not after the manner of the mother brooding over the fact, and making herself miserable.) Is the visual and tactile sensation, which so impressed and sent a shudder through her at the time, capable of being followed by abnormal development in her child through the medium of the vaso-motor system?—*Obst. Journal of Great Britain and Ireland.*

## WATER AS A PROPHYLACTIC AND A REMEDY.

BY S. G. WEBBER, M. D.

The subject of water-drinking, he thought, seemed worthy of more than a passing notice. A moderate quantity of fluid taken at meals he considered rather beneficial, while the abstinence advocated by many was injurious. In patients often classed as hypochondriacal or hysterical, where there was no well-defined disease, but only a sense of unrest and discomfort—sometimes amounting to pain—in various locations, and ordinarily accompanied by constipation, it had long been his custom to inquire about the amount of drink they took and the quantity of urine passed by them. Often the former was much below the average, and there was a tendency to dryness of the skin, while the urine was scanty, high-colored and strongly acid, and sometimes deposited a sediment on standing. Under the use of an increased amount of water the perspiration was increased, the urine became more natural and the unpleasant symptoms diminished or altogether disappeared.

During comparatively good health the amount of blood in the system was maintained at nearly the same figure; only so much water being lost through the skin, lungs and kidneys as could be restored from other sources. If too little water were ingested the balance each day against health was very slight, but finally there would be such an accumulation of used-up material that nutrition would be interfered with and unpleasant symptoms developed. If the person continued to eat heartily the surplus part would either pass off by the intestines or be deposited in the shape of fat, the nitrogenized portions of it assisting to load the urine with urea and urates. If such an individual were to drink more water, a larger amount of waste products would be taken up to be eliminated, and so there would be more disintegration of the tissues, while nutrition would be increased.

After describing the favorable effect of water upon the processes of digestion, the writer went on to inquire how much of it an adult should drink in the twenty-four hours. The quantity of liquid required as drink, he believed, would vary slightly with the activity of the skin and the character of the food taken. The amount of drink necessary, as stated by Dalton, was about 52 ounces, or 3.38 pints, while patients repeatedly told him that they drank only a pint or a pint and a half of fluid in a day. When an individual had for months and years averaged an insufficient amount of drink in the twenty-four hours, and the system had become charged with used-up material, it would not perhaps be wise immediately to administer large draughts, whether of ordinary water or of the mineral waters, but the quantity could be rapidly increased until the normal average had been exceeded, which for a while would be attended with advantage. Dr. Webber then related a case treated at the Boston City Hospital, which afforded an interesting example. The patient was a man sixty years of age, who said he had had rheumatism at times since he was a boy, and rheumatic fever seven years before. For more than ten years he had noticed a red sandy sediment in the vessel after micturition, which was frequent, while the quantity of urine passed was scanty. He was a large, fleshy

man, with a very large tympanitic abdomen, and said that he suffered from severe pains in the lower part of the back and the hips; numbness in the left leg, and considerable shortness of breath in going up-stairs. He had an idea that he had disease of the heart and kidneys, with dropsy, but there was nothing of the kind present, and no attempt was made to record all his complaints. On September 3d, 4th, 5th and 6th, he passed twenty, twenty-eight, twenty-nine and eighteen ounces of urine respectively. He was told to drink water more freely, and was treated with fluid extract of buchu, when the amount of urine increased to forty, fifty, sixty and sixty-eight ounces on four consecutive days, while his discomfort became greatly diminished, and he expressed himself as feeling much relieved. The writer also mentioned the case of a lady, the subject of very distressing nervous symptoms, who had restricted herself to a cup of tea night and morning, which was the only fluid that she took, and of a physician who was suffering from many symptoms referable to over-work. He found that the latter drank very little also, and was troubled with constipation. In his case the diminished supply of fluid was not the only cause of difficulty, but, in addition to other measures, he was advised to drink more. When seen again, after eight months, he stated that the increase in the amount of fluid ingested had been beneficial, and that he was less constipated.

Human nature is such that if the doctor told his patient to drink two or three pints of Cochituate or Croton water a day, in addition to his tea or coffee, he would be likely to rebel; but if he were instructed to take that amount of Poland or Allandale, or some other similar water, he would forthwith have his keg of mineral water on tap, and drink it in the firm faith that in some mysterious way it would relieve him.

In conclusion, the writer stated his belief that the insufficient ingestion of water was often a predisposing or even exciting cause of many diseases. He had found that a very large proportion of those who suffered from nervous exhaustion did not drink enough. He believed that it was an American peculiarity to ingest too little fluid, and thought that this fact might partly explain the prevalence of neurasthenia in this country. He considered also that one reason of the success of the treatment adopted by Dr. Weir Mitchell, and advocated by him in his "Fat and Blood, and How to Make Them," was to be found in the large amount of milk which he gave his patients. It was not to be expected, however, that in all cases the mere increase of fluid ingested would cure. Too frequently the tissues had been so long illy nourished that that simple plan was not sufficient, so that the time to work the greatest cures with water was before the disease had begun.—*Transactions American Neurological Association, Boston.*

**A Good Move.**—The Legislature of South Carolina has passed a law allowing physicians \$10 for testifying as experts in any medical case. This is an addition to the per diem and mileage accorded to ordinary witnesses. The law was passed through the effort and agitation of the Abbeville Medical Society.—*Mich. Med. News.*

## ABSTRACTS AND GLEANINGS.

**Successful Removal of a Uterine Fibroid with Thomas' Scoop or Spoon.**—The following case was reported in the *Ohio Medical Record* for April, 1880, by E. W. Howard, M.D., of Akron, Ohio:

Mrs. B., aged fifty-two years, the mother of three children, the youngest twenty-six years of age, had for four or five years been the subject of frequent and severe uterine hemorrhages, so that at times her life had been almost despaired of. During this time, she had been under the treatment of a gynecologist, who attributed her flooding to change of life.

In May last, being reduced to the last extremity, she was placed in other hands. Her attendants suspected a uterine fibroid, and upon dilating the mouth of the uterus with sponge-tents found one of considerable size, of the interstitial and sub-mucous variety, very firmly attached to nearly the whole of the fundus and left side of the uterus. Her physicians decided to remove it with the ecraseur, and anæsthetized her with ether, believing that in her exsanguine condition, with evident heart trouble, the use of chloroform might prove fatal. But she did not get beyond the stage of excitement, and, as they said, fought like a tiger the whole time, a period of nearly three hours. The ecraseur was applied, but when tightened up the chain broke. A silver wire was tried, with the same result. No effect had been produced upon the tumor, and further proceedings were suspended. Her condition was then alarming, a heart-clot being feared.

When I saw her, I informed her that any further effort, in her condition, would prove fatal, and advised controlling the hemorrhage with ergot, and trying to build her up with iron, quinine, and other tonics, and liberal diet, trusting to the turn of life to give more permanent relief. She improved very slowly, and after several weeks was removed to Akron and placed in my charge. The same treatment was continued, but the hemorrhages were renewed. Ergot failed to arrest them, and I gave dilute sulphuric acid, which did better. I then gave large doses of ergot, with the double purpose of partially extruding the tumor from the uterus, and also arresting its growth. It was only partially extruded, but no effect was produced upon its growth. The hemorrhages became more alarming. I could not make the slightest and most careful digital examination without provoking flooding. In this state of affairs, I decided to operate at once, but with the gravest apprehensions as to the result, especially fearing the anæsthetic and hemorrhage. Accordingly, on October 28th, 1879, assisted by my son, Dr. H. C. Howard, and my friends, Drs. Thomas and L. S. Elbright, I proceeded to remove the tumor in the following manner: After placing her upon the table, we commenced giving her ether, and soon she became almost unmanageable, and fought as before. Then we gave her the A. C. E. mixture—alcohol, one part; chloroform, two parts; ether, three parts—and in one minute she became perfectly quiet. She was then placed in Sims' position, Sims' speculum used, the tumor grasped with strong vulsellum forceps, and Thomas' spoon was gently

insinuated between the walls of the uterus and the tumor, when, with a gentle pendulum motion, it was rapidly removed without the loss of an ounce of blood. It weighed eight ounces. The effect of the chloroform passed off without a single unfavorable symptom, and she was removed from the table and placed comfortably in bed in just sixteen minutes from the time she first went upon the table. She has made a rapid and most satisfactory recovery without an untoward symptom.—*Med. and Surg. Rep.*

**Diseases of the Eye Occurring in Connection with Pregnancy.**—Mr. Henry Power contributes an important series of articles on diseases of the eye in connection with pregnancy, to the *Lancet*, May 8th, 15th, 29th, 1880. He commences by reviewing the physiological changes induced by pregnancy, and concludes that the quantity of blood, though increased absolutely, is not relatively, and that in pregnancy a condition of general anæmia is far more commonly met with than one of hyperæmia. From an examination of the various cases which have fallen under his notice, he would classify the diseases of the eye in connection with pregnancy under three heads, namely: 1. Affections depending on general anæmia and exhaustion; 2. Those consequent on some special lesion of the nervous system; 3. Those depending upon, or rather associated with, albuminuria. Among diseases attributable to exhaustion, the most common are ulcers of the cornea, which may be either spontaneous or arise from some slight injury. They are often central, are slow in their progress, and are not usually dangerous. The treatment may be summed up in two words, rest and tonics. The former indication may be fulfilled by a two or four-grain solution of atropine or eserine, and the application of a pad of cotton-wool and a bandage; the latter by quinine. During lactation, a more dangerous form of ulcer is often met with, causing destruction of the cornea, with eventually atrophy of the globe. Paracentesis corneæ is often required in such cases. Another sign of exhaustion in pregnancy is impairment of the power of accommodation, due to enfeebled action of the ciliary muscle. Glasses, in suitable cases, will necessarily be required, but much good also may be effected by tonics, especially strychnia in small doses. As regards special lesions, the author has witnessed what he considers an increased tendency to lachrymal abscess, and to the development of cataract. Lesions of the nervous system, or lesions implicating the nervous apparatus of the eye generally, he divides into two groups, the intra- and the extra-ocular. The former affect the retina, the latter the optic nerves, chiasma, optic tract, and central ganglia. The retinal affections are almost limited to cases of albuminuria, though also cases of hemorrhagic glaucoma, and miliary hemorrhages unconnected with albuminuria in pregnancy have been noted by Galezowski. Two cases are recorded by the author, in which retinal hemorrhages during pregnancy passed off harmlessly, and one in which they were of fatal significance. As regards the treatment of such cases, it is the same as that of retinal disease generally, no special treatment being demanded for the eyes. Some writers have recommended the induction of premature labor in these cases, but the author considers more data are required before a

positive opinion can be pronounced, more especially as to the period when labor could best be induced. As regards intracranial diseases in pregnancy, the author suggests they could almost be classed under the head of "anomalous affections." He gives the histories of cases of partial or complete loss of vision from post-partum hemorrhage, and explains such either by abolition of the circulation in some portion of the cerebrum, or by some lesion of the delicate tissue of the central nervous system from sudden diminution of pressure. Many such cases eventually resolve themselves into atrophy of the optic disc. A comparison between this condition and the occurrence of chorea in pregnancy may perhaps be instituted.—*Philadelphia Med. and Surg. Rep.*

**Abortions.**—We extract from Dr. Stevens' paper before Cincinnati Medical Society the following :

A capital book by Prof. A. R. Simpson has recently been issued by Messrs. Black, from Edinburgh. In the management of cases of abortion, says Prof. S., where "the stage of expectancy is clearly over," and the conditions otherwise call for active interference, he recognizes simply two main indications to be fulfilled, viz. : 1st, to restrain hemorrhage, and, 2d, to complete the evacuation of the uterus. For the first indication Prof. Simpson only proposes ergot and the plugging of the genital canal. He either had not heard of the method of controlling uterine hemorrhage by hot water injections, or has not come to accept them as reliable.

In regard to the use of ergot in abortions, my own experience has been that this drug, seeming to expand itself upon the cervical portion of the uterus, causes such a firm and painful contraction of that portion of the organ as to materially interfere with the ultimate removal of retained fragments of placenta or membranes. I have to say, however, further that with quite an experience with abortions, I have scarcely ever had a seriously troublesome hemorrhage.

To meet the second indication. Dr. Simpson directs the following order of procedure :

1. To anæsthetise the patient as a general rule.
2. To push down the uterus from above by pressure with the left hand.
3. To pass into the uterine cavity one or more fingers to sweep the cavity, peel off any adherent mass, and force the whole through the cervical canal. The use of all such instruments as curettes, wire loops, forceps, etc., are deprecated. Except when all adhesions have been separated by the finger the removal of the loosened body may be sometimes facilitated by some form of forceps.

Should these measures prove insufficient, then, as a further and final resource, Prof. S. says :

Seize the anterior lips of the uterus with a volsella and thereby drag down the cervix from below so as to place the uterus under the certain and absolute control of the operator. I take it the use of the volsella after this method is about all in the directions of Dr. Simpson, clever as his chapter is, that is not amongst the usual procedures of the experienced obstetrician.—*Obstetric Gazette.*

**Acidity as a Cause of Sterility.**—In many cases of sterility the cause is not discoverable. The conditions for impregnation are apparently all present—the anatomical configuration of the female genitalia is perfect, and the male fluid teems with lively spermatozoa—but the most honest effort is unattended with the desired result. In a recent paper read by Dr. Charrier before the Paris Societe de Medecine, and published in the *Bulletin de Therapeutique*, the possible hindrance in such cases is pointed out. The paper closes with the following conclusions :

1. In some rare cases, in women who are otherwise quite well, the utero-vaginal secretions are quite sour, as is seen by their reddening litmus.
2. This acid may prove an absolute obstacle to fertility, as spermatozoa are killed in even a slightly acid medium.
3. This abnormal state is to be remedied by an alkaline treatment, by means of alkaline drinks and baths, and tepid alkaline injections.
4. When this acid condition has been neutralized, conception may take place. (Two cases in point are detailed.)
5. This disappearance of acidity under the influence of alkaline treatment may explain the success which is obtained at alkaline and sulphuro-alkaline mineral water establishments in the treatment of sterility.

In a note in the *Bulletin* of June 30th, Prof. Pajot entirely confirms this statement, and says that for many years past he has been in the habit of prescribing injections of Vichy water in these cases of acid vaginal discharges. He observes that in fair women, and especially those with a red complexion, and more rarely in brunettes, the acidity of the secretions sometimes reaches such a point that, in spite of the extreme cleanliness, the acid odor is perceived during the passage of the speculum. Dr. Charrier says that the best liquid for injection in these cases is that devised by Byasson (water 1000 grammes, the white of one egg, and fifty-nine grammes of phosphate of soda), in which he was able to keep spermatozoa alive for twelve days at a temperature of 36° C.—*Mich. Med. News.*

**Influence of Tobacco Smoking upon Health.**—In the *Revue d'Hygiene* for November 15, 1879, Dr. Decaisne observes that the excessive use of tobacco causes in some subjects intermission of the beats of the heart and radial artery. Out of eighty-eight smokers who came under his observation during a period of three years, he found twenty-one cases of intermittent pulse without any organic lesion of the heart. He states—

1. That none of the subjects who came under his observation had organic disease of the heart.
2. That none of them were in a state of health favorable to the development of intermittence in the beats of the heart.
3. That in nine cases the complete abstention from smoking tobacco was sufficient to restore the cardiac rhythm and the system to their normal condition.

He therefore says that the abuse of tobacco produces in some subjects a condition which he terms *nicotism* of the heart, which is mani-



fested by intermission in the beats of that organ, and in the pulsation of the radial artery. It is sufficient in some cases to suppress or diminish the use of tobacco in order to stop or diminish the irregularity in the heart's action.

Dr. Delaunay, in commenting upon Dr. Decaisne's paper in the *Revue d'Hygiène* for January 15, 1880, calls attention to the influence of the emanations from tobacco upon pregnancy. In a poor district of Paris, there is a manufactory of tobacco in which two thousand women are employed. According to the evidence of a midwife, who has attended a great number of women employed in this factory during their confinements, they are peculiarly liable to miscarriages, which they attribute to the influence of the exhalations from the tobacco. Some of the women, who are not altogether dependent upon their earnings from the factory, leave it when they become pregnant until after their confinement. One woman, who had twice miscarried while working at the factory, left it when she was in the fifth month of her third pregnancy. Her child was born alive at the proper time, but died soon after its birth. The mother did not return to the tobacco factory, and her fourth pregnancy terminated in the birth of a healthy child, who survived. During her first three pregnancies, she suffered much from obstinate vomiting—due, perhaps, to the action of the tobacco.

From these and similar data, Dr. Delaunay deduces the following conclusions:

1. Tobacco has a pernicious influence upon the health of children and mothers.
2. It impairs the health of pregnant women and causes miscarriage.
3. It has the same noxious effect upon children weak from their birth.
4. It diminishes the quantity of milk and alters its quality for the worse, and, consequently, prevents the proper growth of the child, who, indeed, often dies a victim to its mother's occupation.—*Med. and Surg. Rep.*

**Obstetric Practices Among the Indians.**—Dr. G. A. Moses, in the *St. Louis Courier of Medicine*, gives the following account of obstetric practices among the Indians: An Indian woman of the Kiowa tribe—one of the wildest tribes, which has come scarcely at all in contact with the whites—had been in labor for three days, and it being apparent to the friends and midwife squaw that successful natural delivery was impossible, and that under the native treatment by incantations, beating of tom-toms, etc., the woman's strength was becoming rapidly exhausted, assistance of the post medical officer was desired. It was only after several visits to the wigwam that the doctor finally was allowed to make a very hasty and imperfect digital touch. The head was arrested in the cavity. After still further delay, he was permitted to apply the forceps, which, to the intense amazement of the lookers-on, drew forth a living infant. As soon as this was effected, the physician was rudely pushed aside, and the Indian midwife took charge of her case, compelling the woman to rise to her feet. She was sustained in a bent posture, grasping with both hands the center-

pole of the tent: then the squaw proceeded to carry out methodically Crede's method of expressing the placenta by compressing the uterus through the abdominal walls, with both hands pressing in the direction of the pelvic cavity, until the placenta appeared at the vulva, when it was seized with one hand and withdrawn; the patient was then allowed to resume recumbency, and a highly ornamented buckskin bandage was adapted to pelvis and abdomen; this was drawn snugly by buckles and straps. The doctor says it looked as though it had been in use some time, and was a most perfect-fitting bandage. The patient made a good recovery, and the white man's "iron hooks" are established in reputation among the band.

If the Indian mother gives birth to twins, only one is allowed to live. In case of the birth being male and female, the latter is given to an old squaw, and nothing further is heard of the luckless papoose. In case of both being of the same sex, the feeblest is put out of the way.—*Boston Medical Journal*.

**Cupping in Carbuncle.**—Dr. Hunt writes to the *Chicago Medical Journal*: In the early period of my practice, some forty years ago, I used the cups in the treatment of local diseases more frequently than now. During this period, I had to treat a bad case of carbuncle, situated on the back of the neck of an old man. While dressing it one day, it struck me forcibly that cupping would be just the treatment for this case. Calling for a large goblet and some cotton, I applied it as a cup, after expanding the air by burning cotton in it. The effects were truly wonderful, drawing out from the interior of the tumor a large amount of pus and corruption, which gave immediate relief. The night following, the old gentleman rested for the first time. Since this experiment—the first one of which I ever heard or knew—I have relied mainly on the cups for the local treatment of carbuncle. It fulfills the most important indications in the local treatment of this often troublesome and sometimes dangerous disease. It relieves tension and pain, and limits gangrene of the cellular tissue. It materially shortens the time of cure. With appropriate general treatment, the disease is shorn of half its pain, duration and danger. The cups may be applied once or twice a day, or even oftener. If resorted to in the early stage, the scalpel or lancet should be used to induce a free flow of blood. Mere dry cupping at this time would increase the flow of blood to the tumor without relief. I would caution against too severe cupping until pus is formed. I more often use a large, blunt-rimmed tumbler or goblet than any other kind of cup. The size of the opening of the cup should be, if possible, sufficiently large to cover the base of the tumor. An air-pump attached to the cup, if at hand, would be much more manageable and convenient; but the tumbler and cotton may be used with almost equally good effect, if adroitly done, besides having this advantage—of being always available.—*Chicago Medical Times*.

**Uterine Dyskinesia and the Treatment of Displacements.**  
—Uterine dyskinesia is a new gynecological term introduced by Dr. Graily Hewitt, and used to express the difficulty in walking that ac-

companies certain uterine diseases. In a report upon sixty-seven cases of uterine distortion or displacement coming under Dr. Hewitt's care, he noticed this symptom as occurring with remarkable frequency. Physical exertion induces a temporary exaggeration of the difficulty; hence exercise is given up and helpless invalidism is likely to ensue. Another point noticed in these cases, which, by the way, were of persons of the better class, was the frequent existence of starvation. Not enough food was taken, and the uterine tissues softened and lost their tonicity. In many cases, nausea was also a frequent symptom of the uterine displacement. This nausea sometimes led to the taking an insufficient quantity of food; the result was starvation—the starvation in these cases being secondary to the uterine disease.

The treatment employed was largely hygienic. In some starvation cases, food was given every hour; sponge baths and friction to the skin were used. The postural method was largely followed. The patients were kept recumbent, in the dorsal position in the case of forward displacements; in the semi-prone position in cases of backward displacements. In cases of forward displacement, the cradle pessary; in backward, the Hodge pessary was employed. The sound was used at intervals to aid in restoring the uterus to proper shape when the organ was found hardened in its distorted shape. The treatment of the cases generally covered a long time, but eventually most of the patients were restored to health.—*N. Y. Med. Record.*

**Specular Examination of the Rectum.**—Sims' speculum, for examination of the rectum, is incomparably superior to all others. It is to be used in the same manner as for vaginal examinations, with the patient in Sims' lateral, or, accurately speaking, latero-prone position, and, when used in this way, it gives as good an exposition of the rectum as of the vagina. Its use is much facilitated by forcible dilatation of the anus by the method of Van Buren, but unless the dilatation is indicated as a part of the patient's treatment, this may usually be omitted. Applications to the rectum may be made through this speculum with as much ease as to the vagina or uterus. The operation for internal hemorrhoids also is much facilitated. When the operation to be performed is very far above the anus, the walls of the rectum may, by contact with one another, cause annoyance. This difficulty may be overcome by a device of Dr. A. J. Stone, of Saint Paul, Minnesota. Dr. Stone attaches to a soft rubber tube, armed with a stylet, a rubber bulb with very thin and flaccid walls, in such a manner that by blowing through the tube the bulb may be inflated. The speculum is first to be introduced. The collapsed bulb is then to be pushed by the stylet above the place of operation, inflated by blowing through the tube, and retained in place by slipping the tube, the stylet remaining in place back of the speculum, where it will be entirely out of the operator's way. All that part of the rectum below the inflated bulb will then be distended and accessible.—*Chicago Medical Gazette.*

**Treatment of Lung Diseases by Condensed Air.**—We reprint the following from the *Physician and Surgeon*: Dr. Pomerantsef read a paper on the above subject at the meeting of the Imperial Cau-

casian Medical Association. He has employed Waldenburg's apparatus in two cases, one of *pleuritis exudate* and the other of *emphysema pulm.* In the first case, the result was strikingly satisfactory: the exudate was absorbed, the cough ceased entirely; the stitches in the left side, where the exudation had taken place, disappeared; appetite improved, fever less, and the face of the patient, who had been anæmic and exhausted, assumed a healthy color. The circumference of the whole thorax increased six and a half centimeters, that of the affected side five centimeters; the capacity of the lungs increased four hundred and thirty cubic centimeters; the patient gained twenty-five pounds in weight. Time of treatment—two months and twelve days. In the second case, the treatment consisted in inspiration of condensed air, with expiration into the common atmosphere, and lasted three months. In this case, dyspnoea had been severe, but breathing soon became easy without abnormal effort of the thoracic and cervical muscles; the cyanosis and cough disappeared, and it was observed that the circumferential measurement of the thorax increased one centimeter, and inspiratory expansion also increased one centimeter, the capacity of the lungs two thousand one hundred and fifty cubic centimeters, and the patient gained six pounds in weight.—*Med. Obozpania.*

**Eczematous Crusts.**—Eczematous crusts in the nares are best removed with a solution of bicarbonate of soda, about twenty grains to the ounce of water, introduced in the form of spray, or in bad cases with the post-nasal syringe first and the spray after the larger crusts have been expelled. In some cases the crusts may have to be pulled out with forceps. If after removal of incrustated matter from the nares hemorrhage occurs from the exposed and excoriated membrane, a solution of carbolic acid and tannin may be used with great benefit. This is a good formula:

R	Acid carbolic C. P.....	3 ss
	Acid tannic.....	gr. xij
	Aque.....	℥ vj
M. ft. solutio.		

Sig. Use with the atomizer for the nose.

This should be used immediately after exposing the excoriated membrane, and within an hour a spray of chloride of sodium or bicarbonate of soda should be freely used, with the view of aiding nature to supply the required saline covering for the exposed superficial nerves.—*Med. Herald.*

**Metaphosphoric Acid a Delicate Test for Albumen in Urine.**—Dr. W. C. Grigg states, in the *British Medical Journal* for May 29, 1880, that he has recently made a series of experiments with nitric acid and metaphosphoric acid, and finds that the latter acid will demonstrate the presence of albumen after the former has ceased to give a reaction. His attention was first directed to it by Dr. Dupre, F.R.S. He believes it has long been known to chemists, and used by them as one of the most reliable tests, if not the most reliable, for albumen, but he is not aware that it has been used for clinical purposes.

In using it, care should be taken that the solution of metaphosphoric acid is freely made, and that no heat is applied to dissolve it, as it is a very unstable acid and readily decomposes. The plan he has adopted is to put a piece of metaphosphoric acid, about the size of a pea, into a drachm of distilled water. The urine can either be added to the solution or the acid solution to the urine. If there be a trace of albumen, the urine will immediately become turbid and of a milky-white color.—*Phil. Med. Reporter*.

**Administration of Iodide of Potassium.**—A most palatable way of administering the iodide to children, or to adults whose gastric membrane is easily irritated, is as follows in any dose required :

R Potass. iodid..... gr. 10  
Syrupl cydoni..... ʒj

M. Sig. In a glass of water.

I prepare the syrup of cydonium as follows :

R Cydonium (quince seeds)..... 1 part  
Cydonium malum (quince fruit)..... 3 "  
Simple syrup..... 4 "  
Water sufficient.

Boil together until seeds and fruit can be crushed with a spoon, then boil until the mass becomes of the consistence of molasses. Strain through a fine sieve. The syrup prepared this way keeps as long as jelly. It is an elegant vehicle on account of its delicious flavor and its mucilaginous properties, giving us in one preparation a demulcent as well as a placebo.

I commend this vehicle not for the iodide alone but likewise for the nitrate of potassa and such drugs as are objectionable when given in a watery solution.—*Med. Herald*.

**Benzol in Whooping Cough.**—Dr. John Lowe writes to the *Lancet* (American edition for July) that for ten or twelve years he has used benzol as a remedy for pertussis, and that he has not found it to be of service until the acute stage has passed. After the first fortnight he gives the following: Benzol, 2 to 10 minims; tincture of hyoscyamus; compound tincture of chloroform to suit each case; mucilage of gum acacia, and water, in sufficient quantity. The benzol should be pure, although, barring the unpleasant odor, he has not found the less pure variety less efficacious.—*New Remedies*.

**Prolonged Absence from Food.**—Dr. J. C. Noyes, of Oshkosh, Wisconsin, reports, in the *Boston Medical and Surgical Journal*, a case of a man, aged 34 years, who has taken no food during the past forty-five days, or water, except to rinse his mouth, during the past nineteen days. "In fact," says Dr. Noyes, "has been unable to swallow either during those respective periods." Owing to his present condition, and the imperfect history obtained, a satisfactory diagnosis is impossible. An autopsy only would be conclusive. However, the facts above stated can be fully sustained.

Dr. Edwin Stewart, of Mendon, Michigan, reports, in the *Medical and Surgical Reporter*, a case of a woman, aged 66, who died on the 9th of July, having lived since her breakfast, on May 19th, fifty-two days, forty-eight of which were without food of any kind, except three crackers and five spoonful of chicken broth.

A case is on record in this city where an individual lived fifty-six days without food. Since Dr. Tanner completed his fast, a number of such cases have been reported.—*Maryland Medical Journal*.

**Systemic Poisoning by the External Application of Carbolic Acid.**—The following case was reported in the *Medical Times*, by Dr. Comegis Paul, of this city :

A young convict, about 24 years old, complained of the excessive discomfort caused by a crop of herpes upon his right side, extending from the nipple to the axilla. The part was painted with a saturated solution of carbolic acid, with the effect of entirely relieving the pain. It was then dressed with vaseline. Two days after he asked to have the acid again applied. Within twenty minutes after it was done he became faint and dizzy, very weak in the legs, and exhibited all the signs of a general collapse. The condition lasted about half an hour when he gradually began to revive.

The surface covered by the carbolic acid was not more than five square inches, and the second application came in contact with only a partially denuded cuticle of much smaller extent.—*Med. and Surg. Rep.*

**Anthrax of Fruit-Trees.**—Dr. Burrill (in American Association of Science) stated that the wide-spread disease of the pear-tree, known as fire-blight, and that of the apple-tree, known as the twig-blight, are due to a common cause. This is a living organism which produces butyric fermentation of the material stored in the cells, especially those of the liber. The organism is similar to, if not identical with, the butyric vibrione of Pasteur, and the *bacillus amylobacter* of Van Tieghem. It assumes various shapes during development, but its characteristic form is that of two oblong joints with rounded ends, the proportions of each joint being .002 mm. by .003 mm. They are shorter and thicker than the bacterium termo, and move more slowly. A large number of experiments resulted in showing pretty conclusively that these organisms conveyed the disease from tree to tree. The most conspicuous change in the tissues of the affected plant, revealed by the microscope, is the almost total disappearance of starch from the cells.

**Method of Restoring the Asphyxiated.**—When the body is elevated to an angle of forty-five degrees or more, with the head down, the abdominal viscera fall against the diaphragm and force the air, mucus and all foreign matter from the lungs and air-passages; the blood also flows to the brain, right side of heart and lungs, stimulating those organs. Reversing this movement, the abdominal organs fall away from the diaphragm, drawing it along with them. The air rushes into the lungs to fill the vacuum created. The blood flows to the right and left side of the heart and lower extremities, in this way imitating the normal movements of respiration and circulation as nearly as may be..

The details as to how to execute the movements will suggest themselves to almost any one of ordinary sense. Children can be caught up in the arms of a person and the movements executed.—DR. SHEPARD, in *Detroit Lancet*.

**Podophyllin.**—All who have been accustomed to prescribe podophyllin in pills will agree as to the impossibility of preventing occasional disastrous effects. But this is the fault of the form of administration—not of the drug. From a very long and extensive experience, I can confidently affirm that none of the accidents and inconveniences which so commonly attend the administration of podophyllin ever arise when the drug is prescribed according to my method. On the contrary, it is one of the most satisfactory and reliable of our medicines. The formula given is:

R. Podophylli.....gr. ij.  
 Essentlæ zingiberis.....℥ ij.  
 Spiritus vini recti.....q. s. ad. ℥ ij.  
 Fiat guttæ.

A teaspoonful to be taken in a wineglassful of water every night at bedtime, or every second, third or fourth night, as required.—DR. HORACE DOBELL, in *British Medical Journal*.

**Action of Quinine, Digitaline and Atropine.**—Dr. Guido Cavazzani has arrived at the following conclusions on this subject: Quinine and atropine have an astringent action upon the peripheral vascular extremities. They correct the vascular dilatation caused by digitalis. Atropine and digitaline are antagonistic—the first giving tone to the terminal vessels and paralyzing the heart, the second producing an opposite effect. These two remedies associated cause considerable slowing of the ventricular contractions of the heart, and much less slowing of the auricular contractions. Quinine and digitaline combined reciprocally increase their force of action. Quinine and atropine neutralize each other as to their action upon the heart. These three remedies given singly may cause a state of collapse, which in quinine is due to ischemia of the heart; in digitaline to its tetanization; and in atropine to its asthenia.—*Medical Press and Circular*.

**No Yellow-Fever Germ.**—Dr. George M. Sternberg, in a recent pamphlet, gives an account of the microscopical investigations of the Yellow-fever Commission of the National Board of Health.

Dr. Sternberg is at present in New Orleans conducting experiments in connection with the other work of the Havana Commission. Though his researches have not been continued long enough to lead to many definite results, he feels justified in announcing that "there is no gross and conspicuous germ or organism either in the blood of yellow-fever patients or in the air of infected localities, which by its peculiar appearance or abundant presence might arrest the attention of the microscopist and cause suspicion that it is the veritable germ of yellow-fever. Thus it seemeth that the peculiar acicular crystals found in the air of infected districts in Havana are a delusion.—*Louisville Medical Herald*.

**Substitute for Tracheotomy.**—Dr. Macewen, of Glasgow, says, in *Belleville Medical Journal* :

1. Tubes may be passed through the mouth into the trachea not only in chronic but also in acute affections—such as edema glottidis.
2. They can be introduced without placing the patient under an anæsthetic.
3. The respirations can be perfectly carried on through them.
4. Expectoration can be expelled through them.
5. Deglutition can be carried on during the time the tube is in the trachea.
6. Though the patient at first suffers from a painful sensation, yet this passes off, and the parts soon become tolerant of the presence of the tube.
7. The patient can sleep with the tube *in situ*.
8. The tubes, in these cases at least, were harmless.
9. The ultimate results were rapid, complete and satisfactory.
10. Such tubes may be introduced in operations on the face and mouth, in order to prevent blood from gaining access into the trachea, and for the purpose of administering the anæsthetic, and they answer this purpose admirably.

**High Temperature from Constipation.**—A patient in the Massachusetts General Hospital, while convalescing from a mammary abscess, suddenly developed one morning a temperature of 104.5° F. The abscess was rapidly healing, and the temperature during the preceding eight days had not risen above 99° F. The patient, however, had not had a movement from the bowels for four days. An enema of soap-suds was given, and in less than an hour after this had operated, the temperature fell to 100° F., and afterward continued normal. The patient made no complaint, nor was there any phenomenon of any sort to account for the high temperature, unless the constipation would do so. No remedy was used except the enema.—*Boston Medical and Surgical Journal*, August 12, 1880.

**For Nightsweats of Patients suffering with Lung-phthisis.**—Dr. Kuehnborn prescribed with astonishing success a dusting-powder consisting of 3 parts salicylic acid, 10 parts starch and 87 parts Venetian talc, which was dusted all over the body, the skin of the body if too dry, being first rubbed with alcohol and tannin so as to make the powder adhere. In order to prevent the irritation and cough so usually brought about by the dust of the acid it is necessary for the patient to press a cloth on mouth and nose during the dusting. The use of the powder prevented nightsweats in every case without causing any other inconvenience.—*American Journal of Pharmacy*.

**Friction in Insomnia.**—Nervous persons are more than all others subject to sleeplessness. To obtain a little sleep they have recourse to narcotics which always end by having a pernicious influence on the health. We can recommend to such a very simple method, and which infallibly procures the repose many seek by other means : this is the rubbing of the body, or friction for some minutes before retiring, either with a piece of coarse woollen cloth, or, if preferred, with a friction brush.—*La Lancette Belge*.



**Neuralgia of the Testis.**—Prof. Wm. A. Hammond contributes an article to the St. Louis Journal of Medicine, May, 1880, on Neuralgia of the Testis, in which he relates the histories of two cases, which were successfully treated by a method not hitherto employed in this affection. The first patient, æt. 47, had suffered more or less severely for over fifteen months. He admitted that the affection was originally, in all probability, induced by excessive venereal indulgence, but insisted that since the inception of the disease he had been extremely temperate in this direction. There was no evidence of syphilis. The pain was of a sharp, lancinating character, not confined to the testicle, but extending up the cord as high as the external abdominal ring. The cremaster muscle was, during the continuance of the paroxysms, the subject of strong spasm. Walking increased the pain, and sometimes brought on a seizure. The patient had tried all sorts of treatment without relief, and Dr. Hammond had already given an unfavorable prognosis, when the idea struck him that possibly strong pressure applied to the spermatic cord, so as to compress the nerves, might arrest the spasms. He extemporized a compressor out of an ordinary test-tube holder and a strong India rubber band, and applied it while the patient was suffering from a severe paroxysm, so as to compress the cord up as high as possible. So far from adding to the pain he was suffering, the immediate effect was a decided amelioration, but after a few minutes the pain began to increase, and soon became more intense than before. The pressure was then increased by squeezing the blades of the instrument together with the fingers, and the pain stopped at once. The instrument was kept applied for fifteen minutes longer. Six hours afterward there had been no return of the pain, and to the present date the patient has remained entirely free from all pain. Sensation, which was destroyed by the pressure, has returned to the scrotum and testicle, and there are normal erections and sexual desires. The other patient, æt. 38, had suffered from the neuralgia for three months, and at the time he came under observation his suffering was particularly acute. In this case there was no reason for suspecting excessive sexual indulgence or syphilitic infection as the cause; apparently it was due to exposure to cold. As in the other case, the right testicle was the seat of the disease. Walking, sitting or standing aggravated the suffering, and only by lying down on his back did he obtain any marked alleviation. Since the inception of the malady, venereal desires had almost entirely ceased, and erections, such as those caused at night by lying on the back, or by distention of the bladder, added greatly to the suffering. Pressure was applied to the cord by means of an apparatus similar to a lemon-squeezer, but so arranged that the blades could be brought closer together or separated by means of a screw passing through them. To be effectual in relieving the pain of a neuralgic testis, Dr. Hammond believes that the pressure must be strong enough to break up the axis-cylinder of the nerves. If less than this, the pain will be aggravated; doubtless, in time, the nerve is restored to a state of integrity, but how long a period is required for the purpose cannot yet be determined.—*New York Medical Record.*

## SCIENTIFIC ITEMS.

**Rather Old Butter.**—At a late meeting of the Society of Public Analysis, in London, a paper by Prof. Church and Mr. Wigner, “on two ancient samples of butter” was read, of which the Chemical News gives the following abstract :

The first was a sample of Irish bog butter, and its probable age was judged to be about one thousand years. The sample contains nearly 4 per cent of curd, which consisted partly of vegetable matter derived from the bog, but contained quite enough animal matter to prove that the butter had been originally made from animal milk and was not a mere artificial fat. Its fatty character had, however, been entirely changed, and the glycerides of which the fat had originally consisted had been decomposed so as to leave simply a mixture of the fatty acids which constitute the acid portion of animal fats. The butter had, in fact, become changed into a substance closely resembling in character and composition the substance of which good composite candles are composed. The result is singular, as showing that length of time combined with exposure to moisture will effect the decomposition which the manufacturer of stearine has to effect by the agency of heat and acids.

The other and older sample of butter had been taken from an alabaster vase in an Egyptian tomb; it had evidently been melted and poured into the vase, and carefully sealed over. This sample was probably about 2500 years old, but the preservation had been so perfect that it was only slightly rancid, and had fully retained the chemical properties of genuine butter, the fat not having been decomposed to any sensible extent. This sample possessed a decided taste and smell of butter, while the sample from the bog was cheesy rather than buttery in smell.—*Boston Journal of Chemistry.*

**An Electric Alarm for Firemen.**—Superintendent Willis, of the Salford, (Eng.) Fire Brigade, has constructed a unique fire alarm. On a notice being received the man on duty, while receiving particulars from the informant, presses a single knob in the room, which causes the large alarm bell to be rung, arouses each man of the permanent staff, who live in or near the fire station, opens the doors of the stable and engine-house, turns on the different jets of gas, and finally runs the engine out into the yard. It is calculated that in case of fire fifty seconds will suffice in which to do work that hitherto has taken three minutes.—*Boston Journal of Chemistry.*

**Electricity in the Human Body.**—Most people are familiar with the “sparks” which may be produced under certain conditions by stroking the fur of a cat; and travelers in Canada and other cold, dry countries have witnessed the still more remarkable phenomenon of the human body being turned into a conductor of electricity, and the possibility of lighting the gas by merely placing one’s finger—given the necessary conditions of electrical excitement—near the gas jet, without

any other agency. Mr. A. W. Mitchison, the African traveler, who is engaged in writing a narrative of his exploring expeditions in West Central Africa, gives some still more startling facts. He states that one evening, when striking an African native, in a moment of anger, with a cowhide whip, he was astonished to see sparks produced, and still more surprised to find that the natives themselves were quite accustomed to the phenomenon. He subsequently found that a very light touch, repeated several times, under certain conditions of bodily excitement, and in certain states of the atmosphere, would produce a succession of sparks from the bodies of native men as well as native cattle. A lazy nigger, it seems, yielded none of these signs of electricity. We are not aware that these facts have been recorded by other travelers, but they certainly deserve thorough sifting by competent observers.—*Lancet*.

**Animal Electricity.**—According to La Nature, Mr. Marey has arrived at the conclusion that "the electricity in the apparatus of the torpedo and muscular work are produced under similar physiological conditions."—*ib*.

**Atoms.**—Great Britain manufactured last year 1,545,500,000 gallons of beer, and the United States 336,300,000 gallons; the account for Germany cannot be totalled by any known mathematician.

An important discovery has just been made at Bath, England, in the shape of a perfect Roman bath some 80 feet long and 40 feet wide, the whole of the interior being lined with lead three quarters of an inch in thickness; the bath is some 50 feet below the level of the present surface.

TELEPHONIC effects result from the shock of magnetic bodies, according to Mr. Ader, who says that any mechanical action that disturbs the molecular condition of a magnet core develops, when the core suddenly regains its equilibrium, an electric current capable of affecting the telephone.

THE reports of the British inspectors of mines for 1879 show that 1037 lives were lost in the mines of the United Kingdom in that year, against 453 in 1878; the number of persons employed in the mines was 522,807.

IT is said that more people lost their lives in the States by the burning of hotels in 1879, than by the accidents of travel on railroads and steamboats combined.

IT is reported that 320,000 holes were bored in the execution of the St. Gothard Tunnel, 980,000 lbs. of dynamite consumed, and 1,650,000 drills worn out.

THE Volksgarten, a large musical promenade in Vienna, is to be illuminated by means of thirty Jablochkoff candles.

A YANKEE has invented a machine for making the sides of a wooden pail in one piece.

A NEW battery is being produced, having one of its elements composed of sheet iron less than the ten thousandth of an inch in thickness.

## PRACTICAL NOTES AND FORMULÆ.

**The Treatment of Neurasthenia, or Chronic Nervous Exhaustion.**—As to the medicinal agents which may be employed in these cases, I have found nothing that answers the purpose better than the milder bromides, associated with digitalis, in some such combination as the following:

R. Sodii bromidi.....	3 vij
Acid. bromohyd. (Squibb's strong).....	3 iij
Tr. digitalis.....	3 iij
Bismuth. subnit.....	3 iv
Syr. prun. virg.....	3 vij—M.

S.—Shake well before using; one or two teaspoonsful in water, before or after meals.

In this prescription, as you will observe, the patient gets a small dose of the bromide of sodium, which is rendered more acceptable to the stomach, if not more useful, by the addition of bromohydric acid, especially in dyspeptic neurasthenias. The value of the prescription is enhanced by the addition of bismuth in some cases. If the acid is of the stronger kind, it should be given in proportionately smaller doses than the weaker. In such a mixture as I have offered, I have reason to think partial decomposition of the subnitrate of bismuth occurs, so as to afford, probably, an acid bromide of sodium and of bismuth combined.—*DR. JEWELL, in Chicago Med. Journal*

**Vaselin in Gynæcology.**—For making vaginal examinations, introduction of the speculum or manual exploration, Dr. De Snity recommends vaselin as the best suited for lubricating purposes. Oil and wax are likely to become rancid, and the putrefaction process cannot be arrested by the use of carbolic acid. Carbolyzed oil soon acquires an offensive odor, due to decomposition. Dr. De S. thinks that even soap is objectionable. Vaseline does not undergo any decomposition, and it is a soothing agent. Carbolyzed vaselin is better than the pure substance, and it may be used not only to anoint the finger, but as a topical application in case of certain ulcerations of the neck of the uterus. Vaseline may be mixed with potassium iodide, iodine or with belladonna. The following formulæ have been used by Dr. De S. with success:

R. Carbolic acid.....	1-00
Vaselin.....	50-00
R. Iodine.....	1-00
Potassium iodide.....	4-00
Vaselin .....	30-00

—*Le Progres Medical.*—Physician and Surgeon.

**To Keep Flies from Horses.**—A cold infusion of walnut leaves sponged on the horse is said effectually to keep flies away.—*Louisville Med. News.*

DR. I. T. SUGGS, of Texas, writes: I will give a small sketch of a case, such as I have never seen described. June 16th, 1876, Mrs. M., a young married woman, one child twelve or thirteen months of age, had suffered a great deal in her confinement; says she had an abscess that discharged large quantities of pus for a length of time shortly after her confinement. From her history of the case, I suspected uterine disease. Upon making a metroscopic examination, I found no uterine disease, but at the point in the vagina, where I suppose vesico vaginal fistula occurs, was a remarkable ill-conditioned ulcer—no appearance of pus—had had no purulent discharge for several months—her general health was extremely bad. By cauterizing the ulcer frequently with nitrate of silver, and strict constitutional treatment, she regained her health perfectly.

**Treatment of Poisoning by Strychnia.**—If the patient is seen in time for an emetic to be of service, give forty grains ipecac—no tartar-emetic, or any irritant emetic—and follow immediately with large draughts of plain, warm water; place the patient in a warm bath and encourage emesis by tickling the fauces. If the patient is already in convulsions, administer chloroform by inhalation until the spasms are subdued, then give the ipecac and warm water. As soon as the emetic has acted give the following:

R Hyd. chloral..... ʒj-ij  
 Bromide lithium..... gr. x-ʒj  
 Simple syrup..... ʒj M  
 Ft. sol.

Sig.—Give at one dose, in a little cool, sweet water.—*Med. Rep.*

**Dr. Bartholow's Prescription for Asthma.**—

R Potass. iod..... gr. xv  
 Potass. bromid..... gr. xx

M. S. Take every four or six hours.—*Chicago Med. Review.*

**Surgical Treatment of Epistaxis.**—Thurston depends upon the well-known fact that liquid injected into one nostril returns by the other, and in cases of epistaxis introduces the nozzle of a syringe into the nostril not bleeding, and holds it firmly. A stream of cold water thrown in thus washes out all of the clots from the bleeding nostril, and often arrests the bleeding. If not efficient for this purpose, he uses a dilute solution of perchloride of iron.—*Brit. Med. Journal.*

**Chloroform Cough Mixture.**—This is prepared as follows:

R Morphia acet..... gr. iij  
 Tinct. belladonnæ..... ʒij  
 Spts. chloroformi..... ʒvi  
 Syr. senegæ..... ʒj  
 Syr. pruni virg. ad..... ʒiv

Dose, one teaspoonful three times per day.

**Nervines.**—An excellent remedy to procure rest in nervous and hysterical subjects is the following :

R Gum assafoetida..... 3j  
 Ext. hyoscyami..... gr. x  
 Ft. pills No. xx.

One to be taken at bed time.

or ;

R Tinct.....  
 Tinct. valerian.....  
 Camph. water.....aa 3j

Dose, one tablespoonfull.

**Purgative Coffee.**—The following decoction is recommended in *Progres Medical* as an agreeable purge :

R Senna..... 3v  
 Roasted coffee..... 3 iiss  
 Boiling water..... 3 iij  
 Milk..... 3 iv  
 Sugar..... 3j

To be taken in a single dose by an adult.

We may remark that the same end is secured by simply mixing the proper dose of infusion or extract of senna with an ordinary cup of coffee. The taste of the drug is completely disguised, and its action is promoted by the coffee.

**Calcium Salicylate in the Serous Diarrhœa of Infants.**—Dr. Alexander Hutchins, in Med. Soc., county of Kings, recommends in strong terms calcium salicylate in serous diarrhœa. He suggests the following formula for administering the remedy :

R Acid salicylic..... gr. xxij  
 Creta preparata..... gr viij

Mix and divide in chart No. vi.

One every two to four hours.

**Whooping Cough.**—Dr. Perry, in Brief, says: I have always found the following prescription to relieve my patients suffering with whooping cough :

R Ext. belladonna..... 1 grain.  
 Pulv. aluminis..... 20 grains.  
 Syr. zingib..... 1 ounce.  
 Aq. cinnamon, q. s..... 2 ounces.

M.—Sig. : Teaspoonful morning, noon, evening and at bedtime, to a child ten years of age.

The effects of the belladonna must be watched if the susceptibility of the patient be greater than anticipated.

**A Pad for Pertussis.**—E. J. Beal, M. D., in the St. Louis Clinical Record, reports success in several cases with the following treatment:

Three or four thicknesses of white flannel, four by four inches, are quilted together and suspended by tape around the neck of the little sufferer, like a necklace. The pad so formed is to be saturated three or four times daily with the following mixture, and to be worn night and day. When the child sleeps, the pad to be placed in close proximity to the respiratory outlets:

R	Ol. sassafras.....	3 iil.
	Ol. terebinth.....	3 iv.
	Fl. ext. belladon.....	3 ss.
	Phenol sodique.....	3 iv.

It is apprehended that the little sufferer will place the pad in the mouth, it would likely be well to be guarded in not exceeding the amount of belladonna suggested.—*Medical Times*.

**Prescription for the Gouty Diathesis.**—We give below an elegant prescription suitable for constant use by persons suffering from troubles arising from the gouty diathesis. We are indebted to Prof. J. S. Welford, M. D., of this city, for the same, whose large experience in this class of affections makes his opinion valuable. This will be found very agreeable and efficacious, while it will be a substitute for many high-priced waters. This was intended at first as a substitute for the Weibach water, which it seems to equal fully:

R	Carbonate sodæ.....	gr. iilss.
	Carbonate lithia.....	gr. iiss.
	Carbonate acid water.....	oj.

M.—For thirst.—Sig., daily dose.—*Southern Clinic*.

#### **Aristocratic Remedy for Itch.**—

Balsam of Peru.....	1 ounce.
Benzoic acid.....	110 grains.
Oil of cloves.....	40 drops.
Alcohol.....	2½ drachms.
Simple cerate.....	7 ounces.

Dissolve the essential oil and the benzoic acid in the alcohol, and mix them with the cerate. Lastly, add the balsam of Peru. It is said to effect a cure in twenty-four hours.—*Canada Medical Record*.

**Ergot in Pharyngitis.**—The following has proved excellent in the treatment of chronic pharyngitis, where the blood vessels of the pharynx are enlarged and tortuous, and the secretions moderate:

R	Ergotine.....	gr. xx.
	Tr. iodina.....	f. 3 i.
	Glycerine.....	f. 3 i.

M.—S.—Apply to the pharynx freely twice daily, with a camel's hair brush.—*Physician and Patient*.



## EDITORIALS AND MISCELLANEOUS.

*Henry Bill Publishing Company.*—See advertisement of the Henry Bill Publishing Company in this issue of the RECORD.

*Physicians' Visiting List for 1881.*—Lindsay & Blakeston's Visiting Dist for 1881 has been kindly presented by the publishers. Its reputation and usefulness have been fully established by long years of experience. It is certainly very useful to the practicing physician. Address, Lindsay & Blakestone, Philadelphia.

*Death of Dr. A. S. Fowler.*—We are much pained to have to record the death of Dr. A. S. Fowler, of Ringgold, Georgia, which occurred at his residence on the 7th of October, 1880, of consumption. Dr. A. T. Park, who communicated to us the sad intelligence, truly remarks, "That in the death of Dr. Fowler the citizens of Catoosa county have lost a good man and an eminent physician, and his brethren of the profession a genial companion, and a wise and safe counselor."

*Handsome Donation to Southern Medical College.*—That staunch and excellent establishment, William Wood & Co., 27 Great Jones Street, New York, generously presented to the Southern Medical College Library one dozen volumes, embracing their Library of Standard Medical Authors, as follows: Diseases of Children; Diseases of Liver, 3 vols.; Diseases of Intestines; Diseases of Nervous System, 2 vols.; Diseases of Women; Infant Feeding; Manual of Surgery; Rest and Pain; Materia Medica.

These works are approved and excellent, and constitute a compact little Library which the publishers are furnishing the profession at very low rates. Every practitioner would do well to obtain them.

### VIRGINIA MEDICAL SOCIETY, HELD IN DANVILLE, VA., OCTOBER 19, 1880.

The meeting was called to order by the President, Dr. Henry Latham. Dr. Edwards read the minutes of the last meeting, which were approved. Dr. Cunningham moved that the Association, after the President's Address, take a recess of ten minutes, and then go into the election of President. The Secretary, Dr. Edwards, moved that Dr. Payne, ex-President of the North Carolina Medical Association, who was present, be extended the courtesies of the society. The President then said there was another distinguished medical gentleman present, Dr. Alban S. Payne, formerly of Virginia, but more recently the Professor of the "Theory and Practice of Medicine" in the Southern Medical College, Atlanta, whom we would be glad to see take his seat on this platform. The President then introduced these gentlemen, who responded in a few touching remarks to the compliment paid them.

WEDNESDAY NIGHT SESSION.—Dr. Hunter McGuire exhibited a case of resection of the entire upper half of the shaft of the tibia. Dr. McGuire had taken out, on other occasions during the war, one-half of the tibia in adults, the injuries being from gunshot wounds. Dr. Latham cited a similar case. Dr. Apperson then read a letter from Dr. Jones, descriptive of his own case, and asking that the society, after discussion,



might advise him what to do. By request, Dr. Payne, of the Southern Medical College, Atlanta, gave his views on the treatment of the case reported by Dr. Apperson.

Dr. Dabney then read a valuable paper on the practical bearing of recent advance in cerebral Thermometry. Dr. White read an exceedingly interesting paper on the diseases of the eye.

After selecting Warrenton, Fauquier county, Virginia, as the next place of meeting, on motion of Dr. Edwards, the meeting adjourned.  
N. S.

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**INTERNATIONAL MEDICAL CONGRESS, SEVENTH  
SESSION, LONDON, 1881.**

In a letter from Wm. McCormac, M.D., of London, it is stated that in past years the International Medical Congress has met in the following cities: The first meeting took place in Paris in 1867; the Congress met in Florence in 1869; then in Vienna in 1873; in Brussels in 1875; in Geneva in 1877; and last year, 1879, the Congress, as already stated, met in Amsterdam.

Her Majesty the Queen has most graciously given proof of her good-will towards the cause of Medical Science, and our efforts in its furtherance, by authorizing us to place the Congress under Her Royal patronage.

His Royal Highness the Prince of Wales has likewise shown the unvarying interest he takes in the progress of Medicine by according a similar favor.

The work of the Congress will be carried on in fifteen Sections. The days of the meeting will extend from Wednesday, the 3d, to Tuesday, the 9th of August, both days included. A Reception of Welcome will take place on the evening of August 2d.

The attendance of our countrymen from all parts of the United Kingdom, India and the Colonies will probably be large, and various circumstances make it probable that a large number of distinguished men from many countries will be attracted to England as our guests on the occasion of the Seventh Session of the Congress, and it is our desire to receive them with all cordiality and honor.

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**OPENING EXERCISES OF THE SOUTHERN MEDICAL  
COLLEGE.**

The opening exercises of the second session of the Southern Medical College took place on the 13th inst., in the Auditorium of the College. There was present a largely increased class, and a full audience of intelligent citizens, among whom were many ladies.

Rev. Dr. Hornady, one of the Trustees, opened the exercises with a brief and pertinent address, in which he announced the object of the founders to be nothing short of the establishment of a school of the very highest order, second to no school on the continent, and one whose diploma will be a source of honor and of pride to its fortunate possessor. On concluding his remarks, he introduced, as the orator of the occasion, Dr. R. C. Word, Professor of Physiology, who delivered the Introductory Address. The address on the subject of "Modern Advances in Knowledge," was received with marked attention and interest by the audience, and the Professor was warmly congratulated by many.

P.

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**RECEIPTED.**

[Receipts not acknowledged privately are entered here.]

1880.—E. A. Anderson; W. T. McConnell; J. P. Stevens; A. J. Lowell; A. F. Durham; J. W. Bennett; H. S. Orme; E. L. Smith; C. M. Bold; T. B. Lanier (to Sept. 1880); J. B. Rutland; G. W. Wright.  
1881.—A. H. Sellers.

## BOOK NOTICES.

**NOTES ON THE ANATOMICAL RELATIONS OF UTERINE STRUCTURES.** With Surgical Remarks and Therapeutical Suggestions. By T. H. Buckler, M. D., Baltimore, Md.

**A CASE OF COMPLETE INVERSION OF THE UTERUS.** With Remarks Upon the Modern Treatment of Chronic Inversion. By Clifton E. Wing, M. D., Boston.

**SOME PRACTICAL SUGGESTIONS IN THE TREATMENT OF DIPHTHERIA.** By R. J. Nunn, M. D., Savannah, Ga., Professor Practice of Medicine in Savannah Medical College; President of Georgia Medical Society, etc.

**ON PORT-WINE-MARK AND ITS OBLITERATION WITHOUT SCAR:** Fourth Edition. By Balmanno Squire, London, Surgeon to the British Hospital for Diseases of the Skin. Lond.: J. A. Churchill, New Burlington Street, 1880.

**NEW METHOD OF PERMANENTLY REMOVING SUPERFLUOUS HAIRS.** By L. Duncan Bulkley, A. M., M. D., Physician to the Skin Department, Demilt Dispensary, New York; Attending Physician for Skin and Venereal Diseases, at the New York Hospital, Out-Patient Department, etc.

**ON THE USE OF WATER IN THE TREATMENT OF DISEASES OF THE SKIN.** By L. Duncan Bulkley, A. M., M. D., Physician to the Skin Department, Demilt Dispensary, New York; Attending Physician for Skin and Venereal Diseases at the Out-Patient Department of the New York Hospital; Consulting Department to the Hospital for Ruptured and Crippled, New York, etc.

**ON THE NOMENCLATURE AND CLASSIFICATION OF DISEASES OF THE SKIN.** With Remarks upon that Recently Adopted by the American Dermatological Association. By L. Duncan Bulkley, A. M., M. D., Physician to the Skin Department, Demilt Dispensary, New York; Attending Physician for Skin and Venereal Diseases at the Out-Patient Department of the New York Hospital.

**THE AMERICAN ALMANAC AND TREASURY OF FACTS, 1880;** Statistical, Financial and Political; edited by Ainsworth R. Spofford; Librarian of Congress—New York, The American News Company.

Presented to the Editors by H. H. Warner & Co., Rochester, N. Y., to whom our thanks are returned, as it contains an unusual amount of valuable information useful to everybody.

**A TREATISE ON COMMON FORMS OF FUNCTIONAL NERVOUS DISEASES,** by L. Putzell, M. D., Physician to the Clinic for Nervous Diseases, Randall's Island Hospital, Pathologist to the Lunatic Asylum—B. J. Cureton to Charity Hospital, etc.—New York, Wm. Wood & Co. pp. oc. 256.

There is no class of diseases more perplexing and difficult than functional nervous affections. The above book contains many valuable hints and practical suggestions which the practitioner will appreciate. We have examined the chapters on Chorea and Epilepsy with special interest: and the articles upon Neuralgia and Peripheral Paralysis are likewise very interesting and practical.

**A CASE OF ACUTE PUERPERAL INVERSION OF THE UTERUS:** A Clinical Description of a New Instrument Successfully Employed. With Remarks on the Mechanism of Restoration. By John Byrne, M. D., M. R. C. S. E., Surgeon-in-Chief to St. Mary's Hospital

for Diseases of Women, Brooklyn; Fellow of the American Gynecological Society; of the New York Obstetrical Society; of the New York Academy of Medicine; Member of the American Medical Association, etc.; Formerly Clinical Professor of Uterine Surgery in the Long Island College Hospital; Corresponding Fellow of the Gynecological Society of Boston; Member of the Kings County Medical and Pathological Societies, etc. New York: D. Appleton & Co.

**AMERICAN NEWSPAPER DIRECTORY:** George P. Rowell & Co., containing accurate lists of all the newspapers and periodicals in the United States, Territories and Dominion of Canada, together with a description of the towns and cities in which they are established, New York.

Rowell's Directory has gradually grown into a large and exceedingly useful work to the business public. The book before us is a large octavo of more than 1,000 pages. The amount of labor and expense employed in getting up a work of such varied and extensive information must have been prodigious. It is probably the most complete work of the kind ever published.

**A TREATISE ON THE PRACTICE OF MEDICINE:** For the use of Students and Practitioners. Robert Bartholow, M. A., M. D., L. L. D., Professor of Modern Medicine and General Therapeutics in the Jefferson Medical College of Philadelphia, etc. New York, D. Appleton & Co., 1880.

Dr. Bartholow has intended this work as a consort to his splendid contribution to Medical Literature, that of Therapeutics. These works are splendidly matched. The volume before us gives not only full and correct descriptions of diseases, but the treatment is enlivened under the instruction of a new therapy, which must commend itself to every student. It is an honor alike to authors and the profession of the country.

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## SPECIAL NOTICES.

We have received from Messrs. WM. R. WARNER & Co. samples of their pharmaceutical preparations for the use of physicians and practitioners. These preparations have received high awards at the centennial and other international exhibitions, and have attained a considerable reputation in America.

Warner & Co.'s sugar-coated pills are extremely well made; have a smooth, elastic coating; and, if cut through, the mass within is found to be soft and easily soluble. They include phosphorus pills, containing 1-50 of a grain of phosphorus in each; have been especially praised by the judges on account of the completeness with which the phosphorus is diffused and subdivided whilst it is protected from oxidation.

**COCA** (*Erythroxylon Coca*).—The properties of this drug have long been familiar to the natives of Bolivia and Peru, to which countries it is indigenous. It is a powerful nervous stimulant, and increases the power of the muscular system to sustain fatigue. It has also a pleasant, general, excitant influence, removing fatigue and languor. Its effect on the brain is to stimulate that organ to greater activity, and to relieve the mind of the depression incident to worry and anxiety.

Considerable interest has been excited in this new remedy by the report of Prof. E. R. Palmer, M.D., of the University of Louisville, on its efficacy in the treatment of opium habit.

A pure article of coca is furnished by **PARKE, DAVIS & CO.**, Detroit, Mich.

We would call attention to the advertisement, on page 9, of Messrs. **HENRY THAYER & CO.**

This is an old and honorable house, having been established in their branch of Pharmaceutical Chemistry over thirty years.

All of their preparations are faithfully made of full strength, elegant in appearance, and have deservedly won a wide reputation. Physicians and druggists may depend upon the correctness and accuracy of any preparation bearing their label.

Their list of new Fluid Extracts is extensive, and the genuineness of indigenous raw material is certified at the Botanical Gardens of Harvard University.

T H E

# Southern Medical Record.

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EDITORS:

T. S. POWELL, M.D.    W. T. GOLDSMITH, M.D.    R. C. WORD, M.D.

*R. C. WORD, M.D., Managing Editor.*

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**All Communications and Letters on Business connected with the RECORD must be addressed to the Managing Editor.**

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## ORIGINAL AND SELECTED ARTICLES.

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COMMON EARACHE,  
*Alias*  
ACUTE CATARRHAL INFLAMMATION OF THE  
MIDDLE EAR.

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BY THOMAS F. HOUSTON, M.D., ATLANTA, GA.

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**Symptoms.**—*Subjective.* 1. Pain in the depth of the ear.

2. Sense of fullness in the same part.

3. Noises in the ear.

*Objective.* 1. Vascular injection.

2. Bulging of the membrana tympani.

3. Impairment of the hearing.

4. Catarrh of the pharynx and eustachian tube.

5. Fever.

Patients with close powers of observation may notice that the throat is sore, and that the pharynx felt thickened before the pain commenced; also a sense of fullness in the ears. But generally the pain jumps to its full height at one bound. It will, if not arrested, pass over this stage, and result in acute suppuration of the middle ear. Some physicians seem to invite this state of affairs by such remarks as this: "It

is a rising in the ear, put some poultices to it and draw it to a head."

The diagnosis of this disease is quite difficult in very young children; however, if we watch an infant closely we can narrow the pain down to the head, and then by pressure on the tragus, closely observing if the child winces, will enable us to decide if the affection is aural in character.

With certain easy-going practitioners "cutting a tooth" is the diagnosis made for many painful and obscure symptoms. Thus they temporise by cutting the gums, etc., until suppuration takes place, and the bungler has to repent allowing nature to make his diagnosis for him. The pouring of warm water into the ear will usually temporarily relieve an infantile earache, and in this way we have a means of diagnosis always at hand. At times, however, this will fail, and we have to depend upon objective symptoms. They are chiefly found in the membrana tympani. This is sometimes of a pinkish hue. Sometimes the periphery, and along the handle of the malleus, are the only parts showing vascular injection, the rest of the membrane being clear. Then again this redness is so intense that nothing can be seen save an evenly red surface, that has no perceptible vessels. If the ear has been troubled in this way before, the drum membrane will be rigid, thickened and opaque, and will show much more localized redness than intense vascular injection. Even when there is acute inflammation going on, the membrane may present only the appearance of a mirror that has been breathed upon, without an increased redness. Impairment of the hearing is by no means the rule. In the first stage of the disease—that is the stage of pain—it may be painfully acute, especially during cases of acute inflammation supervening on chronic aural catarrh.

Bulging of the membrane will probably occur after the first forty-eight hours; if the disease continue longer rupture of the membrane is likely to result. This intumescence of the membrane is in the posterior and inferior quadrant and in Shrapnell membrane. In rare cases the protruding membrane may be observed to pulsate synchronously with the heart. The patient almost always has fever; sometimes the temperature is quite high, yet the average physician uses none of the antiphlogistic remedies he would employ were any other organ similarly affected.

*Causes.*—Of the almost numberless causes and influences that can produce this affection may be mentioned wet feet, drafts, ducking the head under water, constitutional diseases such as small pox, scarlet fever and measles, in which the throat is attacked; also pneumonia and bronchitis, syphilitic affection, etc., also the nasal douche. This is, however, very rarely the case; I have found but three or four cases

mentioned in investigating aural literature with regard to this subject.

*Treatment.*—The antiphlogistic treatment is beyond a doubt the proper one for this affection, viz: laxatives, local bloodletting and opium. Poultices are remedies often used, and while they relieve the pain are likely to increase the danger of rupture of the membrana tympani, especially if they are used many hours in succession. In some cases we are compelled to use them to allay the pain, and when we do they should be made small enough to enter the external auditory canal, with but little covering on the auricle.

Local bloodletting is the chief and first remedy, by leeches applied to the tragus, *and not of the mastoid process*. In the absence of leeches I would prefer water as hot as can be borne, applied continuously with an aural douche. If leeches cannot be obtained, and warm water does not afford relief, apply cups, wet or dry, to the auricle. When we see that rupture of the drum is imminent, puncture of the membrane is demanded, using a cataract needle or like instrument. If the mastoid process is red and hot, paint with iodine, and if this does not relieve it—and should the inflammation increase—make an incision down through the periostium; this, however, is rarely necessary. Use gargles to the pharynx, either chlorate potash or iodine gttss. xx to water ℥j, and apply a cloth, wet with warm water, around the throat. Should suppuration and perforation take place, syringe out the ear carefully three or four times daily, and pour in a half teaspoonful of a solution of zinc, grains iij to water ℥j, turning the head on one side to prevent the fluid escaping. If this does not stop the discharge, apply with a camel's hair pencil, the ear being well illuminated, a solution of nitrate of silver 40 to 60 grains to the ounce, after each syringing.

Politzer's method and the eustachian catheter, should be daily used after the acute symptoms have subsided, whether perforation takes place or not. Sometimes the vapor from hot water, or the smoke from a pipe or cigar, will give relief to the sufferer.

Test the hearing accurately when the pain has subsided, to see if any impairment has occurred. With regard to general treatment, keep the patient in a warm room during the pain and fever; if necessary give a full dose of opium at bed time. Give nourishing diet and daily baths. Should the patient be suffering from any grave constitutional disease, the practitioner should not neglect the aural catarrh, as the local treatment will interfere but little with the constitutional remedies, and if it is neglected may do inestimable damage, and even destroy life itself, because should suppuration result, it may lead to caries, pyæmia, cerebral abscess, polypi and meningitis. A patient had better die under the disease than recover only to linger on in misery from the terrible consequences of this affection.

I claim nothing new, strange or original in the preparation of this paper, but I have been struck with the ignorance of many of our most gifted and best informed "general practitioners" of the nature and treatment of "common earache." They have but little time, amid the busy round of their professional ward, to devote to specialties, and that most neglected is the ear. If I have been able to give such a one an idea, a hint that will enable him to give ease to some sufferer, and save from impairment that almost chiefest boon, *good hearing*, my paper has accomplished its object, and I am thereby paid for any trouble and labor that I have expended in its preparation.

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### A NEW AURAL DOUCHE.

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BY C. R. UPSON, M.D.,

Surgeon to the Department of Nose, Throat and Lung Diseases, Atlanta Hospital,  
Atlanta, Ga.

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Having frequent occasion, in the treatment of aural and nasal affections, to apply plain and medicated solutions to these parts, and appreciating the comfort of the patient, to say nothing of the benefits of maintaining the solution used at a uniform temperature during the whole period of its application, I have devised an apparatus which fulfills this indication.

It consists essentially of a glass reservoir of three pints' capacity, that is placed in a copper water bath, provided with a thermometer in its top, and this in turn is enclosed in a sheet-iron jacket containing a spirit-lamp, the tube of which is provided with an outer cylinder by which to regulate the size of the flame. The solution is forced from the reservoir by means of an atomizing bulb and tubing attached to a glass tube passing through a rubber stopper to the bottom of the vessel. The apparatus is provided with nozzles for applying the solution to the ear and posterior nares.

I would briefly call the attention of the profession to the advantages claimed for this apparatus :

1. The solution being contained in a *glass* reservoir may be medicated with any remedial agent which the physician may elect.
2. The solution may be maintained at any desired temperature, indicated by the thermometer in the top of the bath, by means of the spirit-lamp.
3. The capacity of the reservoir, three pints, being sufficient for any application which may be required at one sitting.
4. It may be used, by attaching a longer piece of tubing, and placing the apparatus in an elevated position, as a syphon.

5. Its simplicity in construction, there being no complicated parts to become disarranged.

In addition to the uses already named, as an aural and nasal douche, it will be found a valuable means of applying solutions to the mucous membrane of the bladder, vagina, and even to the cavity of the uterus itself. I have for a considerable time been using this apparatus, though in a rude form, and have found it so useful that I have had a more perfect one made for me by Messrs. Codman & Shurtleff, instrument makers, Boston, who will supply such other members of the profession as may desire one.

Since penning the above, a troublesome patient has impressed upon my mind the advisability of having the free use of both hands while syringing the ear, in order to secure which, I have bored a second hole in the rubber stopper of the reservoir, through which I have inserted a tube (of the same size and shape as that which accompanies the douche) but a short distance, not allowing it to touch the solution. To the upper end of this tube I have attached an ordinary atomizing bulb, with a sufficient length of tubing to allow of its resting upon the floor, thus enabling me to compress it with my foot.

### CHRONIC PHARYNGITIS ACCIDENTALLY, YET SUCCESSFULLY TREATED BY A NEW PROCESS OF CAUTERIZATION.

BY J. S. STIDHAM, M.D., OF GEORGIA.

Last spring my esteemed friend, Dr. G——, had occasion to cauterize the pharynx in a case of chronic pharyngitis. After preparing his stick of caustic in a quill, the usual procedure began. He had made only one or two slight strokes when the pharynx and surrounding parts suddenly took on a spasmodic contraction, nipped off the stick of caustic near the quill, and gave it a good send down the œsophagus.

After an examination of his unarmed quill the Doctor says his diagnosis was "a partial cauterization of the pharynx, and patient with about 50 grains of caustic in the stomach."

*Doctor.* "How do you feel?"

*Patient* (not aware of present state of affairs). "Very well, except my throat burns me a little."

Ordered cup of warm water, put in 20 grains ipecac, and sent it down after his silver. The Doctor took his seat for a short time, and we will suppose *felt* a great deal worse than his patient.

*Doctor.* "Do you feel sick at your stomach?"



*Patient.* "No, sir, I feel very well."

Ordered more warm water, and with 30 grains ipecac turned it in on his silver. In due time the stomach was relieved of his cauterizing agent. The Doctor, relieved of his nervous diathesis, and patient dismissed.

Now the Doctor claims a fine application of his caustic, just as it left his quill, and then a solution of 50 grains to the pint of water returned over the same surface. Hence, "a successful treatment."

The Dr. don't propose to try this treatment again (unless by accident), neither is he inclined to suggest it to the profession; nevertheless he declares his patient, who has been troubling him the last six months for gargles, washes, etc., is no longer a pest, but is cured of her "throat disease."

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### CASE OF CHLOROFORM POISONING, TREATED WITH HYPODERMIC INJECTIONS OF STRYCHNIA AND WHISKEY.

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BY W. PERRIN NICOLSON, M.D.,

Professor of Anatomy in Southern Medical College, Atlanta, Georgia.

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I was called upon the night of the 28th of September to see a woman who was reported as dying from suicidal dose of chloroform. I learned that she had taken, in the presence of a witness, about *one ounce* of chloroform.

Some time elapsed before the supervention of any toxic symptoms, so much so that those who saw her thought she was simply attempting to alarm them. In the mean time she was seen by Dr. W. G. Owen, who administered an emetic of ipecac, in order to expel any unabsorbed chloroform.

Soon after being conveyed to the police headquarters, she became profoundly narcotized, and one of the City Physicians was called to see her. He remained with her until about 8 o'clock p.m., when he left her, thinking she would die in a short time.

About 10 o'clock p.m., I was called to see her, and found the following condition. There was most profound narcosis with stertorous breathing; the cheeks and face were pallid and cold; there was entire loss of sensibility of the conjunctiva, the eyes remaining opened or closed, accordingly as they were left; pulse 80 and weak; respirations 45 per minute, and difficult on account of large collection of mucus in the throat; in fact, a typical case of profound narcotic poisoning. The thermometer in the axilla registered 94.7° F.

In order to be certain as to the temperature it was taken in the

axilla three times with the same result, then in the vagina, when it registered 95.2° F.

Dr. Westmoreland had arrived a few moments before me, and was administering caffeine as an antidote. On account of the difficulty of swallowing, at my suggestion it was then given hypodermically in one-grain doses, and after each dose there was temporary improvement in the force of the pulse, but no other symptom which could be considered favorable. I then proposed that we administer strychnia and whiskey hypodermically, combined with carbonate of ammonia. On account of an unfortunate delay in getting the prescriptions it was an hour before we could begin the remedies, and by this time she had grown so much worse that I considered the case hopeless. However, at 12 o'clock we injected into the arm carb. ammon., grs. ij, in whisky 3j, following this quickly with strychnia sulph, gr. 1-48. In about ten or fifteen minutes she moved her head from side to side, and in a short time, by coughing, succeeded in expelling the mucus which threatened to produce suffocation. She then continued to improve, soon speaking to those about the bed. In half an hour half of the above dose of whisky and ammonia, and about the same amount of strychnia was administered, after which she rested quietly until morning, except when interrupted by vomiting, which was for some hours troublesome. Large quantities of viscid mucus were ejected at times. The next morning she was much improved, and was moved to the Atlanta Hospital, when she passed from under our charge. She continued to improve steadily, and is now well.

The principal points of interest in this case seem to be : The amount taken (probably one ounce) ; the length of time before narcotic symptoms appeared ; and the prompt action of the ammonia, strychnia and whisky.

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## THE TREATMENT OF TYPHOID FEVER IN THE PHILADELPHIA HOSPITALS.

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*The Hospital of the University of Pennsylvania.*—The remedies which have been found at the University Hospital to exert the most powerful influence upon the follicular intestinal catarrh, always present in this disease, are first and foremost the nitrate of silver, and next the subnitrate of bismuth and carbolic acid. There would seem to be abundant evidence that nitrate of silver reduces the size of the enlarged follicles, relieves the inflammatory engorgement, and allays the hyperæsthesia of the nerves. It has also been settled by numerous experiments that the nitrate of silver is the most easily administered of the three astringents above mentioned, and the best tolerated by the system. If there is any putrid element in the disease, carbolic acid is employed instead of the nitrate of silver. The nitrate of silver is administered in doses of one-

fourth of a grain, four times a day. This treatment is persevered in until the ulcers have entirely healed.

If the discharge from the bowels is composed of small, semi-solid stools, it is, with propriety, disregarded; but if the stools are watery and large, opium is administered in pill-form, combined with the nitrate of silver. From one-quarter to one grain of the powdered opium is given three times a day. If there is constipation instead of diarrhoea, belladonna is given conjointly with the nitrate of silver.

Great care is had with regard to the diet when the catarrhal inflammation of the intestines is present. The food employed is, of course, as digestible as possible. Milk has been found to be the best diet in this disease. If the curd appears in the stools, the milk is diluted with water, or lime-water. Of this mixture of milk and lime-water three ounces are given every two hours, or a little over two pints in the course of the twenty-four hours. When the bowels are torpid, beef or mutton broth is given alternately with the milk.

The beef-tea employed is prepared after the following recipe: Take a quantity of tender meat, and, after cutting off the fat, chop it up fine, put it in a bowl, pour a pint of water over it, and let it stand over-night. The water should be kept just on a simmer—the temperature never being allowed to go above  $140^{\circ}$ , otherwise all the albumen is coagulated, and so either left on the sieve in straining, or introduced into the stomach in the form of curds. After this simmering solution has been allowed to stand over-night, pour it into a pipkin, and heat it again gently with enough salt to give it flavor, and, if necessary, add a drop or two of muriatic acid. Then pour it out over a hair-sieve into a jar. The resulting solution will be found to contain all the nutriment possible, and to be the most valuable kind of stimulant and laxative.

When the fever is high, the patient is given all the food he can take. Care is had, however, that, in allowing food, the already inflamed intestinal tract is not further irritated.

The poison in the blood is controlled by means of quinia, and nitro-muriatic or salicylic acid. As a general thing, salicylic acid is only employed where there is some putrid discharge joined with high fever. Quinia is considered (1) to neutralize the effects of the septic poison in the blood, (2) to act as a good tonic to the muscular and nervous systems, (3) to tend to check febrile action, and (4) to remove any malarial element that happens to be present. Quinia is never given in the enormous doses advised by the German physicians. It has been found that such doses will break down high fever, but they produce entirely unnecessary irritation of the gastric mucous membrane. About twelve grains of quinia are given in the course of the twenty-four hours.

The temperature is kept down by preventive measures rather than by the cold bath, which is regarded as a last resort. It is unnecessary after this to say that the practice of the University Hospital is wholly opposed to the indiscriminate cold bathing in typhoid fever, so much in vogue in Germany within a year past.

When the temperature runs up in spite of drugs, in the milder cases, spongings of the whole body are practiced every two hours, the sponges being squeezed out of a mixture of water and bay rum at a temperature from  $60^{\circ}$  to  $80^{\circ}$ . If this does not succeed (it rarely fails), and if the patient's temperature mounts up to  $104^{\circ}$  or  $105^{\circ}$ , he is then wrapped

up in sheets wrung out of cold water. If the temperature still runs up to such an extent that life is threatened, the patient is placed in a cool bath until the bodily temperature is sufficiently reduced.

Before the local lesions appear, the fever can be more boldly attacked; but when, in subsequent stages, it runs high, it is regarded as partaking of the nature of a sympathetic fever, largely dependent upon the amount of intestinal lesion, and the use of baths at this period is thought to be attended with great risk. If the cold bath is used at all (except as a last resort, and when temperature cannot be reduced in any other way), it is employed during the first ten days in cases where the temperature rises above  $103^{\circ}$  and cannot be controlled by frequent spongings, large doses of quinia, diaphoretics, etc.

With regard to the use of stimulants, the hospital practice is not in favor of administering them simply because the patient has the fever. It is believed that stimulants are only demanded for the relief of certain symptoms. As a general thing, they are not given to children before the age of puberty. They are only administered to old persons, and to meet certain indications, viz., (1) ataxic nervous disturbances, such as sleeplessness, twitchings of the muscles, maniacal delirium; (2) circulatory disturbances, such as feeble and rapid pulse, and feeble development of the first sound of the heart; (3) profound asthenia, as shown by great tremulousness, inability to make any movement, and tendency to slide down off the pillow; (4) dry and brown tongue, with sordes on lips, teeth, and tongue.

The milder forms of stimulus are always used at first. The one most frequently employed is wine-whey. This is made in the proportion of one part of sherry to three of milk, and as much as a gill or half a pint of it given in the course of three hours. If the symptoms increase, stronger stimulants are used, such as whiskey. Whiskey is usually given in lime-water and milk; the lime-water prevents the coagulation of the milk by the alcohol. These ingredients are mixed in the proportion of one tablespoonful each of whiskey and lime-water to every three ounces of milk. In this form half an ounce of whiskey is given every hour. If the stimulation is doing good, a diminution of the serious symptoms is noted. If the symptoms increase, on the other hand, the amount of stimulus is reduced.

With regard to complications: relapses are always regarded as true second attacks of the disease, and are treated accordingly. The treatment is resumed, the diet restricted, and the same general watchfulness had over the state of the case as during the course of the first attack.

Hemorrhage occurring early in the attack is considered as of but little consequence, but when it supervenes later—when the sloughs are thrown off—it is regarded as a very serious matter. The treatment of hemorrhage is by absolute rest in bed for twenty-four hours, and by the administration of opium, to produce complete quiet for the alimentary canal. The opium is given by the rectum, one grain of the solid opium being prescribed every two or three hours until the patient is gently under its influence; of astringents, for local action, acetate of lead is preferred. A suppository containing one grain of opium and three grains of the acetate of lead is given three or four times daily. Ergot, by reason of its action upon the walls of the arterioles, is also very highly prized. It is given hypodermically near the supposed seat of the hem-

orrhage. The food allowed is very small in quantity, and absolutely liquid.

Peritonitis is treated by antiphlogistics, sedatives, perfect rest in bed, and a diet which leaves no residuum to irritate the bowels.

True perforation is regarded as beyond the reach of medical skill to mend.

*The German Hospital.*—The quinine treatment (heroic doses) has been given a fair trial in the wards, and has been found to do but very little, if any, good. It has not even been satisfactorily demonstrated that it reduced the temperature, as the same changes in temperature have taken place in the case of those who have been taking the mineral acids alone. Indeed, after giving quinia some time, in some cases it was stopped, and the same changes were found to exist. Quinia has seemed rather to increase the diarrhœa and headache, and in two cases it produced entire deafness for two weeks. Sponging with vinegar and water has been found to act beneficially. Plenty of ice is given the patient to suck, and the ice-cap is applied to the head. The wet pack has been found to lower the temperature for the time being, but in an hour or more it generally mounts up again. To this is added the consideration that it has the disadvantage of necessitating the constant moving of the patient, wearing and weakening the constitution, thereby destroying his or her main support against the disease.

Oil of turpentine, as recommended formerly by Dr. George B. Wood, has been proven to act most beneficially. Especially has it been found useful in those cases where the dry, dark, and heavily coated tongue exists, with abdominal symptoms. It is given in twenty-drop doses in mucilage, every hour or two, and is continued in smaller doses during convalescence. In a large number of cases in which dry, dark tongue existed with tympanites, turpentine acted most beneficially, the tongue regaining its normal color and becoming moist in from six to eight days, and the tympanites disappearing in a much shorter time.

The mineral acids are of great service in keeping the stomach in good order, stimulating the appetite and relieving the intense thirst. In many cases the patients call for their dose of the acid hours before the time, so much are they pleased with its taste and effects. The acid commonly used is the dilute nitro-muriatic acid.

Whenever active, wild delirium exists, from one-third to one-half of a grain of morphia is given hypodermically. This medication has been found to act promptly in almost every instance. In one case particularly, the patient towards evening showing signs of approaching delirium, a large dose of morphia was immediately given hypodermically, which had the effect of rendering the patient perfectly rational when he awoke. Upon another occasion, when this same patient again showed signs of approaching delirium, the morphia was omitted, upon which a wild attack of delirium came on, which was at once broken up by the use of a moderate dose of morphia hypodermically.

*The Episcopal Hospital.*—The temperature is reduced and the heart strengthened by fifteen-drop doses of the tincture of digitalis and two grains of quinia, every three hours. Stimulants are only employed in the severer cases. Excessive diarrhœa is controlled by injections containing fifteen drops of laudanum and a half a fluid ounce of starch. Dilute muriatic acid is given in fifteen-drop doses every three hours,

and in the second week of the disease five drops of turpentine are administered every three hours. Hemorrhage from the bowels is controlled by the internal use of ergot, and the local application of ice to the abdomen. A number of cases have been treated of late with one-fourth grain doses of the nitrate of silver in the second week of the disease, this dose being repeated every three hours with entirely negative results.

*The Pennsylvania Hospital.*—Ten grains of quinia are given daily, and ten drops of muriatic acid every three hours. The patient is sponged all over with cold water, in the mornings and evenings. Diarrhœa is controlled by opiates and astringents. This is the routine treatment. The diet is very carefully regulated, consisting principally of beef-tea and milk. When the first sound of the heart is altered (weakened) early in the course of the disease, it is regarded as an indication that the patient should immediately be put upon the use of stimulants; or, if he is already taking whiskey, that the daily amount should be doubled.—*Medical Record, N. Y.*

#### A CASE OF PUERPERAL CONVULSIONS—DEATH.

We read in a Report by Dr. Isham, of Walnut Hills, in *Obstetric Gazette*: About 9:15 o'clock, a.m., April 18th, 1880, was called to see Mrs. K., æt. 26, at the end of the seventh month of pregnancy with first child. She had been previously in the best of health, and had suffered none of the usual discomforts incident to her condition. She complained of violent peculiar headache about the frontal region, of extreme nervousness, and she was retching every few minutes, occasionally bringing up a mouthful or two of watery fluid, having a greenish, yellowish tinge. There was great restlessness; the patient demanded constant relief; her manner was impatient and curt. This was in marked contrast to her usual deportment, which was ever gentle and considerate, even upon occasions when suffering quite severely from attacks of supra orbital neuralgia.

One-fifth grain of morphia sulph. and thirty minims of spirits of camphor were administered to ease the pain and allay the stomach irritability. After this she became tranquil, expressed herself as feeling greatly relieved, and she dozed very placidly between intervals of retching, which happened once in about every fifteen minutes. At 10:30 a.m. she awoke from a quiet sleep, raised her head as though desiring the slop-bowl, and went into the most terrific convulsion. The body and limbs became rigid; the limbs were jerked irregularly; the head was drawn to the left side; there were spasmodic twitchings of the eyelids and facial muscles; spasmodic rotatory and oblique movements of the eyeballs; the tongue was bitten and frothy; bloody saliva was ejected from the mouth. This was followed by unconsciousness and stertorous blowing respiration. Having no instruments at hand for phlebotomy, Dr. Geyt was sent for with a request to bring appropriate instruments. He responded promptly, and, with his aid and full concurrence, one quart of blood was drawn—all that would flow from the incised vessel. This considerably abated the severity of the spasms, although they occurred every half hour, and the patient became semi-conscious. By an affirmative nod she signified a willingness

to take medicine, which, as bromide of potassium, was given per orem in doses of 3 ss. at short intervals. Very soon, however, there was a relapse to complete coma, and the convulsions gradually increased in intensity. At the suggestion of the friends, Dr. Reamy was called in consultation, arriving about 3 o'clock p.m. The rectum was washed out with salt and water, and 3 ss. chloral hydrate, which had been held in abeyance, awaiting his arrival, was then administered per rectum, and chloroform inhalations were practiced to ward off the convulsions. The chloral lengthened the interval between the seizures. It was questionable if the chloroform was of any advantage, since the patient passed at once from the quiet of coma into a convulsed state without any premonition, except a rolling up of the eyeballs under slightly opened lids. At most, it only shortened the duration of the attacks, perhaps, once or twice, prevented them. The urine drawn with the catheter was highly albuminous. At 8 o'clock p.m. another chloral injection was given, and again at 11 o'clock p.m. The lengthening of the interval between convulsions was marked after the exhibition of this agent.

At no time was there any indication of uterine action. During the convulsions the os uteri would dilate to the size of a quarter of a dollar, but it closed up again after the convulsive action had passed off. There being no improvement in the condition of the patient, it was concluded to induce labor as the only recourse promising any amelioration in the case. Accordingly, about midnight, Dr. Reamy ruptured the membranes, and proceeded to dilate the os with his hand, while I kept the subject fully under the influence of chloroform. There was an indisposition to yield, and only after long efforts at dilatation on the part of both of us, was a diameter of three inches gained. Beyond this the structure would not relax. Dr. Reamy then applied the forceps, and made careful endeavors to bring the head through, but without avail. The convulsive action having cut off the foetal circulation, he then performed craniotomy, and effected delivery of a five-pound foetus through the small aperture by means of the forceps. Delivery was completed about 3:30 a.m., the morning of the 19th, and from beginning to termination was artificial, without a uterine contraction worthy of mention. All medication was suspended from this time. About 5 o'clock a.m., it was evident that rupture of the middle cerebral artery had occurred from cessation of general convulsive movement, with paralysis of the right side of the body, and spasmodic action of the muscles of the left leg and arm. There were also movements of both eyeballs laterally and upwards beneath the closed lids.

At 7 a.m., ecchymosed spots were apparent upon the face and neck; the skin assumed a livid hue; the pulse became thready; paralysis was complete upon both sides, and there was involuntary passage of feces and urine. The breathing was the see-saw of shallow respiration, with occasional interrupted gasps like the final acts. Nevertheless, the play of life kept up—sometimes with pretty distinct pulse and fair respiration, and again pulseless with irregular superficial respiration, until about 4 p.m. of the 20th, when it ceased forever.

Observing events in their order, we have first acute cerebral congestion, overwhelming the centers, the seats of consciousness by the pressure upon the cortex irritating the brain mass, and producing the

convulsive muscular action. The pressure was somewhat decreased by the venesection reducing the blood volume, as shown by partial return to consciousness. Then it again increased, going on to rupture the middle cerebral artery upon the left side. Evidencing this was the paralysis upon the right side and the localization of spasmodic action to the eyeballs and the extremities of the left side, together with the final complete paralysis with extension of the extravasation. The effusion of blood from the ruptured vessel into the nervous substance of the left cerebral hemisphere paralyzed the centres upon that side governing the movements of the opposite side of the body. It also, by pressure, occasioned irritability of the centres of the right hemisphere, including the tuberculæ quadrigemina, inducing the muscular spasms witnessed upon the left side and the movements of the eyeballs. The cortical pressure was obviated by the local escape of blood, and the pressure manifestation limited to the parts innervated from the area of blood extravasation.

Following up the succession of pathological incidents in this case the question of cerebral localization is generally arrived at. While the increased pressure was distributed equally throughout the cerebral vessels, the cortical substance chiefly was irritated, and this irritation was reflected internally to the motor centres, producing the general convulsions. But when the cortical pressure was relieved by the local rupture of the arterial vessel, it is not presumable that the cortex could be subject to future irritation, and the local spasms succeeding the general must have been due to direct irritation of the motor centres themselves—the corpora striata of the thalami and tubercula quadrigemina. The observations in this case, as far as they extend, are in accord with the views of Schiff, that the cortical irritable zones are not motor but sensory centres, through which the sensory fibres pass on their way to the reflex motor centres in the interior.

*Discussion.*—Dr. Henderson said that as regards the treatment of these cases he had an abiding faith in the hypodermic injections of morphia. In puerperal convulsions where assimilation is already impaired, we cannot expect medicine administered per os to be readily absorbed—rather the contrary; but administered hypodermically, its action is almost immediate. Morphia allays irritation, equalizes the circulation. In the experience of the speaker, neither hydrate of chloral nor potass. bromid. had given satisfaction. The speaker believed that the morphia, to have its beneficial effect, must be given in large doses (hypoderm.), one-half grain at once to quiet the convulsion. Even in cases like the one just reported, where the face becomes livid after the first convulsion, indicating cerebral congestion, he would administer the morphia. It equalizes the circulation and is anti-inflammatory.

Dr. Isham reported that morphia had been the first remedy administered; the patient was fully under its influence. Afterwards symptoms manifested indicating the necessity for a rapid unloading of the vessels.

Dr. C. O. Wright said his experience as regards hydrate of chloral in puerperal convulsions did not coincide with that of Dr. Henderson. He had used hydrate of chloral with the greatest satisfaction and benefit, the convulsions being rapidly controlled thereby.



## ERGOT-POISONING.

BY JOHN M. KEATING, M.D.,

Consulting Accoucheur to Philadelphia Hospital; Lecturer on Diseases of Children in University of Pennsylvania, etc.

The following case presents certain features of interest, and I do not remember to have read of one like it in any of our own or foreign journals.

I was engaged to attend Mrs. D— in her confinement to come off the first week in the current month, as it eventually did.

The family had moved to the city from a country town some years ago, and Mrs. D. was placed under my care for uterine disease. She had some inflammatory trouble following a previous labor. After a short course of the usual treatment she entirely recovered, and soon after became a second time pregnant.

At the third month she over-fatigued herself by some house-cleaning duties, and a miscarriage resulted. I was absent from the city at the time, and upon my return at the end of the summer, found my patient relapsed into her former state, with side-ache, purulent uterine discharge, subinvolution and its accompaniments. Once more she regained her normal condition, and again became pregnant. As the uterus enlarged there were evidences of "binding down," probably from some old adhesions about the left ovarian region. For some weeks previous to confinement she was unable to leave the house, for the abdomen was very much enlarged. There was great flatulence, and the patient suffered continually from left sciatica. The child was a large one, but the pelvis was capacious.

Fearing some difficulty from uterine inertia, I explained her case to a medical friend, and urged her to send at once for him, should the messenger find me absent from my office. As is usual in these cases, the child came at an inopportune time, but my friend arrived early enough to save the patient considerable pain by the application of the short forceps of Simpson. The head had well descended, and was resting at the outlet, but the uterus was unable to contract sufficiently to produce expulsion.

There were placental adhesions of great firmness, and in consequence more than the ordinary amount of hemorrhage.

At last the uterus was well emptied, the binder applied, and 3 ij. of the fluid extract of ergot administered—this by the doctor himself.

The patient was left comfortable, with instructions to the nurse to send for the doctor at once in case of hemorrhage, and while the messenger was absent to give the patient 3 ss. of the ergot every half-hour till the doctor's return. By a misunderstanding the 3 ss. of ergot was administered every half-hour from the time the doctor left. I reached the house a few moments after the messenger had been sent in search of me, and found my patient presenting an appearance that was indeed alarming. The face was of a blueish tint, and she seemed in great pain. The pupils were dilated, the pulse was quick, very weak, and occasionally irregular; there was dyspnoea, nausea (no vomiting), buzzing in the ears, and at times a tendency to syncope. The skin was cool and clammy. I was informed that another baby was expected.

Upon inquiry, I learnt that in all she had taken about  $\frac{3}{4}$  ss. of the fluid extract of ergot (and this was afterward corroborated by the medical attendant from the amounts left in the bottle which he himself had brought to the house). I loosened the binder, lowered her head, gave her some whiskey, and stimulated the circulation by rubbing, and in the space of half an hour the severity of the symptoms had gradually passed, and patient was left to sleep off a dose of morphia and potass. bromide that was administered.

One of the most interesting features in the case was the powerful uterine contractions. This alone was so marked as to have silenced in my own mind any doubts as to the efficiency of ergot, had I ever been a skeptic on the subject.—*Medical Record*.

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### "CHOLERA INFANTUM."

BY DUDLEY M. CULVER, M.D., INDIANA.

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The season of the year is now at hand in which we are called upon to treat the little ones for bowel troubles, and upon this subject I wish to make some remarks. And, in writing on "cholera infantum," or any disease, I don't wish to be understood as assuming that I have a "cure-all." But my object is simply to give my best plan of treatment, and the reasons therefor founded upon notes of a series of cases.

Cholera infantum is so nearly allied to "cholera morbus" in adults, that I consider them as due to the same predisposing cause, but differing only in the exciting cause. Considering the extreme sensibility of the infant's nervous system and weakness of its apparatus, it is not surprising that such diseases should be prevalent, especially when we have the miasmatic influence to contend with. Among the exciting causes only two will be mentioned at this time, viz: dentition and indigestion. Dentition, if present, must, as a necessity, be relieved by scarification of the gums. Don't split the gums at a single stroke, as is practiced by unscrupulous men, for the incision will only heal at once, leaving a hard cicatrix, making the matter worse than if left alone. But simply scratch or scarify the gums sufficient to make them fester. Next turn your attention to the digestive organs; if indigestion is the trouble, diarrhoea is the consequence. Assimilation can't be performed in consequence of indigestion, and in turn digestion can't take place in consequence of non-assimilation. Now we find the little patient with fever, vomiting and diarrhoea. What must be done? The bowels are being irritated with stringy mucus and foul secretions. To check the bowels in this condition would only "add fire to a burn" by increasing the irritation and the fever. For this cause I always commence treatment with a full dose of castor oil. This clears the whole alimentary canal of the irritating ingesta, and places them in a condition that the diarrhoea may be checked with perfect impunity.

To check the diarrhoea after the operation of the oil, nothing answers my purpose so well as tannic acid in two-grain doses in solution, (after each operation on the bowels); it makes a perfect solution in water. For the vomiting, an admirable treatment is strong coffee without milk or sugar in teaspoonful doses, repeated when necessary, with a poultice

of peppermint (bruised peppermint leaves) laid on the stomach. In addition to the above, I invariably give small doses of quinine in solution in nitrous ether. It answers the purpose of being a good febrifuge and an anti-miasmatic, both of which are an absolute necessity with an eye to success. It makes me shudder when I think of the laudanum internally and the large fly-blisters externally that have been applied to the treatment of this malady. We should be humane enough to remember that we are treating a child, and the milder our treatment the better.—*Obstetric Gazette.*

### THE ELASTIC LIGATURE IN FISTULA IN ANO.

Although the use of the knife in these diseases must ever remain the most direct and preferable operation on the part of the surgeon, yet there are many patients who carry these fistulas for years, and undergo the acutest suffering several times each year, from a fear either of the operation itself, or because, from their circumstances, they are unable to remain in bed a few days after the operation. For this class of cases the elastic ligature is admirably suited, and I only wonder that as long as it has been known it is so little used. I have asked a number of my confreres, and I have not found one who had ever used it. I have operated several times by the elastic ligature, and have always found that it causes no pain, and no detention whatever from the patient's occupation. Solid rubber cord  $\frac{1}{8}$  in. in diameter (elastic ligature cord) was used, and was pulled with a force of 4 oz. The cord cuts as far as it will in about four days, and then must be tightened again. One tightening has usually been enough with me. In one case the man had suffered with a fistula many years, but always dreaded to have it cut; its external opening was  $\frac{3}{4}$  in. from anus, and the internal opening  $1\frac{1}{2}$  in. above. This cut through in six days. The ligature was tightened on the third day. The cut produced by the ligature healed entirely in three weeks.

Another case had an old fistula never operated on. It was an inch from the anus, and entered the rectum two inches above. This was divided by the ligature in seven days, with one tightening on the fourth day. In neither case was there any inconvenience, beyond slight smarting the first day the ligature was tightened. To perform the operation, a flexible silver probe, with an eye in one end, armed with silk, is passed through the fistula into the rectum and out through the anus. By means of a silk, the elastic cord is pulled through, the ends tightened by a pull which would raise four ounces, and they are then tied together close to the skin with silk. It is not well to have too much tension on the ligature, as it causes pain. If the ligature divides the tissues slowly, they will heal up behind it. One important point in the after-treatment (as well as in incised fistula) is to cause soft motions by Freidrichshall or Hunjadi Janos water, or a saline cathartic taken in the morning before breakfast; and immediately after the evacuation an enema of warm water, or infusion of mallow root or linseed. This puts the parts on the very best conditions for healing. For want of such treatment, one often sees the cuts for fistula remain unhealed an indefinite time.—*Western Lancet.*

## ABSTRACTS AND GLEANINGS.

**Ophthalmia Neonatorum.**—Dr. J. R. Wolfe, in a lecture on this subject (*Med. Times and Gaz.*, vol. ii., p. 259), says he has found that the larger number of the incurable blind owe their misfortune to the purulent ophthalmia of infancy. He urges upon practitioners the importance of abandoning the old routine treatment for this difficulty, and suggests the following measures. The diagnosis of the affection is as follows. On the third or fourth day after birth the baby's eyelashes are found stuck together with crusts forming at the borders, which are red. Next day the lids are more swollen, and the conjunctival sac filled with transparent, yellowish-colored serum and mucus. Within a week all the symptoms become intensified, and there is a copious discharge of pus, which runs over the cheeks. The eyelids are swollen so that they can only with difficulty be opened, and the cornea is found hidden and retracted in the purulent discharge. The cause of the trouble is that the child, in its passage from the uterus, has had its eyes inoculated with gonorrhœal or, possibly, leucorrhœal discharge from its mother's genital organs. The suppuration goes on in the eye until the reproduction of epithelium cannot keep pace any longer with the pus formation; then the covering becomes imperfect; the conjunctiva and subconjunctival tissues are attacked at the limbus; ulceration or abscess of the cornea ensues, ending in perforation; the eyeball bursts; the lens is evacuated; and the ball shrinks. Should the eye escape disorganization in some of the milder attacks, opacity of the cornea is left behind, causing strabismus, amblyopia, nystagmus, or opacity of the lens-capsule (capsular cataract).

If the old-fashioned, deleterious treatment is followed, which consists in dropping a solution of argenti nitrat. (gr. x ad ʒi) into the eye, the effect is either that the pus washes away the solution, rendering it innocuous (for it never touches the diseased surface), or it irritates the cornea, denuding it of its protective epithelium; the cornea ulcerates, or an abscess is formed, leading to the disorganization just referred to. Meanwhile, the eyelids swell so that the ball cannot be examined, and when the swelling goes down the eye is found to be gone.

Dr. Wolfe's procedure is as follows:

1. When seen in the first stage, before the purulent discharge has set in, the patient's head is placed on a towel and secured on the doctor's knees. The lids are then everted, singly or together, and, after cleaning them with dry lint, he touches the conjunctival surface with lint dipped in this solution:

R. Boracis.....gr. x.  
 Aq. rosæ.....f ʒ j.  
 Aquæ ad.....f ʒ vj.—M.

One dessertspoonful in two ounces of warm water.

He then puts a few drops of the solution of atropin upon the conjunctival surface:

R. Atropinæ sulph.....gr. j.  
 Aquæ,.....f3 ij.  
 Glycerinæ,.....f3 ss.—M.

The application is repeated three times a day. The atropin has an antiphlogistic effect upon the inflamed surface. and also, by dilating the pupil, relieves the tension of the eyeball. Dr. Wolfe never uses cold applications, nor does he employ ointments to keep the lashes from sticking together; washing with warm water is better. Dry lint is then applied to the lids and secured by an immovable bandage. The case is watched carefully.

2. When the case is found to be unmistakably one of purulent ophthalmia, the lids are covered one after another, dried as before; a few drops of the solution of atropin dropped in, the surfaces touched with a stick of argenti nit. two parts, potass. nit. one part, and a few more drops of atropin put upon the cauterized surface. When the conjunctival surface is bleeding, (a favorable symptom), it is dried with lint and the cauterization repeated. The whole conjunctiva is touched, and also the *cul-de-sac*. He bathes it with lint and warm water, and covers the eyes with dry lint and a bandage. If one eye only is affected, the other is closed with court-plaster and covered with lint.

3. When called to see a case in the stage of advanced suppuration, say of three or four weeks' standing, the eyelids must be opened with great care, as the eyeball may be ruptured. If the cornea is found intact, the atropin and nitrate of silver pencil are to be used.

4. When an ulcer of the cornea or an abscess has already formed, it is the more urgent to use the nitrate as the only weapon to combat the disease. When the cornea is not actually ruptured, Dr. Wolfe generally manages to arrest the progress of the disease, and save it even if it is found in the process of softening or with an abscess. Such cases should be seen daily. In public hospitals or dispensaries Sundays must not be excepted, for one day's neglect may prove disastrous.—*Med. Times*.

**Gangrene from the Use of Ergot.**—J. Z. Van de Warker, M.D., of Davenport, Neb., writes:

Armanus Nott, age 20; temperament, nervo-bilious; school teacher. While attending school at Winimac, Ind., was taken sick with typho-malarial fever. Was treated five days by Dr. Thompson; was then brought home to his father's, near Medaryville, Ind., when I was called to take charge of the case. Found patient raving with typhomania; pulse, 136; temperature, 101°; tongue covered with brown crust in center and at the base, tip and edges bright red; teeth covered with sordes; petechia and sudamina well developed. I made the usual prescription to meet the indications, with the following to relieve the cerebral excitement:

R Hydrobromic acid.....f3 i.  
 Sat. tinct ergot.....f3 ss.  
 Syrup lemon.....f3 ii.  
 Syrup acacia, qs. ad .....f3 iv.

M. Sig. Give one teaspoonful every three hours until delirium

abates, then to be continued every six hours, to keep the patient quiet and procure sleep. The medicine acted like magic in controlling the mania; it was continued eight days, (to the fifteenth of the disease), when a new phenomenon appeared—a small ecchymosed spot on each foot, on the instep, about the size of a nickel five-cent piece. The spots appeared to have been bruised by the points of the thumbs of the hands of the nurse, who had been bathing his feet. At that time I gave it no further thought. In the afternoon of the same day was called in a hurry; found the patient *sinking* and very weak. The spots on the feet had spread to the knees, having the look and smell of *gangrene of the dermic tissue*. I gave stimulants and antiseptics internally; applied smart-weed, *steaming hot*, to the extremities to arouse the circulation, the application to be renewed every hour till the parts should become warm; then the smart-weed to be taken off and a poultice applied, composed of linseed meal, prepared with a decoction of fresh roots of the baptisia tinctora as strong as could be made, to be removed as often as every two hours, while there was any of the cadaverous smell or dark color remaining. I called next morning; patient was much improved in every way; the extremities were warm; the color nearly all removed, except a slight orange tinge on the limbs, and a slough of the derma on the instep of each foot about two inches in diameter. I concluded that the gangrenous condition was the sequel of the long-continued use of the ergot, so I promptly discontinued it, and prescribed antiseptic tonics. The patient rapidly improved and made a good recovery. My object in presenting the above case is two-fold: First, the use of hydrobromic acid, with ergot, in controlling cerebral excitement *and mania*, which it appears to control with certainty and promptness equaled by no remedy now known. Second, the danger of its long-continued use in producing capillary congestion and gangrene, as in the above case.

I have given as briefly as possible the main features of the case, and, in conclusion, will only say that, in controlling all cerebral excitement and determination of blood to the brain, *even in concussion*, I have found no remedy equal to the above prescription in any and all cases where the "*regular*" would use his lancet.—*Chicago Med. Times*.

**The Prevention of the Spread of Typhoid Fever.**—The following case I have taken from an admirable report of it which appeared in the Popular Science Monthly for February, 1879. I have taken it from just without the limits of our State, because the accuracy of the report brings out a point in the ætiology which I have been unable to discover in any recorded instance of a similar occurrence among us.

In the city of S., in the State of New York, in a clustering group of thirteen houses on the outskirts of the town, a case of typhoid fever broke out on the 8th of September, 1876. The next occurred in the second house beyond, on the 4th of October, *twenty-six days later*. The disease then spread from house to house, until seven of the thirteen had been invaded, with a total result of seventeen cases and three deaths. The reporter distinctly states that on the 20th of September, after a hot and dry time, a tremendous storm of rain occurred, which filled and overflowed the privy vault into which the excrementitious

matter of the first case was thrown, scattering the material which it contained all over the surface of the ground and into the neighborhood of the well from which all the families that suffered took their drinking-water; and, further, that none of the families in the group who did not use this well suffered.

These are typical examples of the spreading of typhoid fever as it has occurred among us. They illustrate the fact, to which I have alluded, that it spreads from a center first established by a single case. They illustrate also the fact that the establishment of such a centre requires time. They suggest by application that it is by means of the intestinal discharge that the infective centre is established.

I turn now to the presentation of a theory that such occurrences may be prevented by disinfection of these discharges, and to a brief consideration of some of the testimony supporting it. This testimony comes to us from various sources, and from authorities who differ somewhat among themselves as to the nature of the disease, and still more to the nature of the morbid agent by which it is propagated, but not at all upon the importance and value of disinfectant methods.

So far as I know, it is to the late Dr. William Budd, of England, that the medical profession and the public are mainly indebted for the theory of the prevention of the spread of typhoid fever by the disinfection of the intestinal discharges, and for the first practical suggestion of methods by which it may be carried out. The idea was, I think, with him. It was certainly through his earnest advocacy that it was first brought prominently into public notice, almost twenty-five years ago. His occasional contributions to the medical press upon this and kindred topics have made his name familiar, but he is probably best known among us by his elaborate work upon Typhoid Fever: Its Nature, Mode of Spreading and Prevention, which was given to the public in 1873.

Dr. Budd's attention was first called to the subject in 1839, by a terrible outbreak of typhoid fever in the little village of North Tawton, Devonshire, where he was then residing, and where, as a young practitioner, he was just beginning his professional life. North Tawton was a country town of only eleven or twelve hundred inhabitants, and its people were mostly engaged in agricultural pursuits. Dr. Budd was born there, and had grown up among the people. He knew them all personally. Moreover, he was, medically, the sole possessor of the field. All the cases of the disease passed under his immediate observation and care. The fever broke out in this secluded place in the second week in July, 1839, and before November eighty of the inhabitants had suffered by it. It furnished a typical illustration of the spreading tendency of the disease. Whole families were, one member after another, prostrated. It passed from house to house, and pervaded the place. Persons taken sick there left for their homes in neighboring towns, and carried the disease with them to new localities.

Opportunity more favorable for the study of such occurrences could not have been presented, and Dr. Budd devoted himself to the task with enthusiasm. He traced the course and relation of events, observed everything in the living and the dead, and kept accurate notes of all. The whole experience evidently made a profound impression upon his mind, and gave a strong direction to his subsequent studies. He

passed, with lapse of years, from the little country town to larger spheres of practice and usefulness and to great eminence in the profession, but always maintained to the end of life a continued and increasing interest in the great subject which had so signally attracted his early attention. To use his own expression, he seems to have been from the beginning "possessed with a burning desire to devote the best powers of his mind to a discovery of the means by which such calamities may be prevented."—DR. GAGE, in *Boston Med. Jour.*

**Treatment of Hemorrhoids by "Crushing."**—Mr. Pollock, of St. George's Hospital, London, employs an operation for hemorrhoids, which he terms crushing, and for which he claims the advantage over the ligature and the clamp and actual cautery, of being much less painful while it is equally effectual. The painfulness of the two last-named operations has always been a great objection to their employment, and while considering whether any modified process likely to be followed by less pain could be substituted for them, Mr. Pollock's attention was drawn to the known fact that any thorough and instantaneous destruction of a part is usually comparatively painless. It occurred to him, then, that if a pile could be rapidly and effectually destroyed at the base, by some instrument which would crush the part included in its bite, the vessels of the crushed portion would not be very liable to bleed when the surface of the pile would be removed, and, the nerves being bruised by the proceeding, the pain would probably be trifling. Some two or three years ago he began to put these views in practice, and the experience with the operation has been amply satisfactory. In the earlier operations he was often not as successful in preventing hemorrhage as was desirable, probably on account of defective construction of the clamp, or of taking up in its grasp too much of the tissues of the pile at once. Still, the hemorrhage was never alarming and was always easily controlled by two or three ligatures. In his late operations with an improved clamp, occasionally one or two small vessels have bled after the base of the pile was removed from the grasp of the instrument. The hemorrhage in these cases would probably have ceased spontaneously, but a ligature was always applied to any suspicious point for the sake of cleanliness, and to avoid giving any cause for alarm. From the very first, however, the operation proved very successful in one important particular, viz., the pain following it was very insignificant. The slough shed after the application of the crusher is very thin, and the oedema is slight compared to what often occurs after the other operations. The final results in the cases operated on have been fully as good as those obtained by the ligature and the actual cautery.

Mr. Pollock uses a powerful clamp made for the purpose by Wright & Co., of London. The steps of the operation are as follows: The patient is prepared for the operation in the usual way; when he has been brought under the influence of ether, he is turned on his left side and his right leg is well flexed and fixed with a strap, which is carried under the knee and around the neck. The pile to be removed is then well drawn down, and the clamp is applied to its base and at once tightly and firmly closed by the action of the screw at the end of the handles. The portion of the pile which protrudes *inside* the lips of the



clamp is then to be removed with curved scissors. The clamp should be kept applied to the stump of the pile for about a minute longer, or for a still longer period if the pile be large and thick. The process is of course to be repeated according to the number of masses to be got rid of.—*The Lancet*, July 3, 1880.

**Transplantation of Skin From the Sheep to the Human Body.**—A Chicago correspondent writes of a curious experiment at the Cook County Hospital in that city, by Dr. E. W. Lee, by which it is sought to transplant skin from the body of a sheep to that of the human subject. The case has excited much interest in the professional circles which have been cognizant of the operation.

The subject of this experiment (that is the human subject) is a girl about ten years of age, who sustained an extensive burn on the back a year and a half ago. A large granulating ulcer remains, despite all efforts to induce healing. Skin grafting has been faithfully practiced, but without success. The child has of course been obliged to lie prone most of the time, and has become greatly reduced. A few weeks ago an attempt was made to transplant a flap from the thigh of her older brother, but the flap sloughed. That failing, Dr. Lee began at once to experiment with flaps and dissections from the sides of sheep. His first subject, a lamb, nearly full grown, was lost, soon after the dissection of the flap, from the shock of the operation. He next operated on two other lambs, dissecting up two moderate-sized flaps from each, placing oiled silk beneath them to prevent adhesion, and dressing them antiseptically. These animals were then turned out to grass in the hospital yard, and were also fed on milk, with occasionally a small admixture of whiskey. They took to this diet with avidity. After several days—nearly two weeks—had elapsed and the animals were vigorous, the operation of the application of the flaps of one of them was made. A new flap was dissected from between the two already made, and applied in the same manner as the others. The new flap has made a firmer adhesion than the old ones. The lamb is fastened in the standing posture, in a wood cage, its body being securely fixed and sustained by plaster-of-Paris bandaging of its limbs and quarters. Perfect coaptation and perfect immobility are secured. The patient has improved in appearance and general condition since the operation and the lamb shows no signs of failing health.

At the date of writing six days had elapsed since the operation and unions of all the flaps seemed to be perfect. Of course when they come to be separated from the lamb they may suffer and perhaps slough, but the experiment has demonstrated the fact that the skin of the sheep will adhere to a granulating surface on the human body.—*Mich. Med. News*.

**Treatment of Diphtheria.**—In a recent number of your medical journal a physician in the State of Indiana requested that some of his medical brethren of experience would give for the treatment of diphtheria a formula that had been attended with the greatest success. Having been engaged in the practice of my profession nearly a score of years, and having varied and extensive opportunities of investigating and treating diphtheria in several localities, and having never yet

lost a single patient, I therefore do not hesitate to lay my method of treatment before the profession. Were I to view the pathology of diphtheria in the light of my friend, Prof. Bristowe, I, like he, should hesitate in adopting any permanent routine of treatment, but, on the contrary, I am satisfied that diphtheria is a disease of constitutional origin, and that the local symptoms are but an effect from a constitutional cause, that the disease assumes an æsthenic type from the commencement, and to successfully fight the disease we must attack it at its centre of operation, which is in the blood. I must not, however, in this short article, engage the reader's attention either on the pathology or morbid anatomy of the disease before us, but would request the reader to investigate the doctrines promulgated by J. S. Bristowe, of London, England, and Prof. Flint, of our own country, excepting the similarity of pseudo-membranous croup and diphtheria as quoted by Prof. Bristowe. When called to see a case of diphtheria, it is just as important for the practitioner to investigate the condition of all the secretions and excretions as under any other circumstances. I nearly always prescribe a mercurial cathartic at first, and in the course of several hours administer one tablespoonful of Rochelle salts in one-half tumbler of water at two doses; I then administer muriated tincture of iron with tonic doses of quinine sulphat. in sweetened water every two or three hours, regardless of increase of temperature. If the patient has fever, I control it with the tincture of veratrum viridi, given in medicinal doses according to age; I also give Rochelle salts in small doses, largely diluted with water, two or three times a day; also put the patient on the following syrup mixture:

R Simple syrup.....	3 iv.
Ammonia murias.....	3 l.
Pulv. ipecucuanhae.....	grs. x.
Pulv. glycyrrhiziae.....	3 ll.

Directions: Pour the simple syrup, while hot, on the other ingredients; cover over, and when cold give teaspoonful every two or three hours.

Now, for local treatment without discussing different methods of medication:

R Pure water.....	3 iv.
Bromo chloralum.....	3 ss.
Saccharum album.....	3 ss.

Directions: Gargle as in the preceding.

I denounce the practice of swabbing and the use of cauterants. If the dyspnoea is great, I sometimes give an emetic of ipecac in warm water, and always bathe the throat externally several times with spirits turpentine with as much camphor dissolved as it will take up.

Mr. Editor, I have aimed to give the treatment in as practicable and plain a way as I could, so that the possibility of mistake may be avoided. You will perceive that all of the medicines I use support, except the veratrum viride.—*Cin. Lancet.*

**The Iodine Treatment of Intermittent Fever.**—Dr. Gibbons, in San Francisco Medical Society, says: The proper place of iodine in the treatment of intermittent fever is not as a prompt anti-pe-

riodic, to prevent the immediate recurrence of the chill, but as an alternative, to be administered after the interruption of the paroxysms, for the purpose of preventing their return.

Twelve drops of the tincture three times a day, an hour after meals, was the formula. In a certain proportion of cases, say one-third at least, there was no recurrence of the paroxysm after instituting the treatment. Several old cases strongly marked with the malarial cachexy, and which had been repeatedly and freely dosed with quinine, to my surprise recovered with no other treatment. Indeed, the remedy is often most efficacious in such cases. But in the majority of patients the paroxysm returned, in spite of the iodine.

Having satisfied myself that the agent could not be depended on alone, I then adopted a mixed treatment, first breaking the chain of continuity in the paroxysms by a cinchona anti-periodic, and then instituting the iodine treatment exclusively. This course was successful, almost without a solitary exception. I may safely say that the chill did not return during the use of iodine in more than one case in fifty. In some instances of threatened return the dose was increased up to fifteen drops.

The toxic effects of the iodine, when they appeared, were developed mostly in the stomach and digestive organs. To loss of appetite and gastric distress were added a variety of unpleasant sensations, of which the patient complained without being able to define them accurately. One instance assumed quite a serious form, and continued for a number of weeks. In view of these consequences, I adopted the plan of suspending the iodine for a short time, after about two weeks' use; and when the cure was well-established continuing it for a while on alternate weeks only.

As to the *modus operandi* of iodine in this disease, I have only to say that it appears to exert a specific action on the malarial condition. Probably it does this through the liver and spleen, as congestion and enlargement of those organs will often disappear under its use. Without doubt, we are to take in account its well known power of promoting absorption and stimulating the glandular organs.—*Pacific Medical Journal*.

**Concentrated Extracts—Therapeutics.—Uses of Boracic Acid.**—"Considering the well-known antiseptic properties of boracic acid, it is exceedingly curious how little it has been administered as an internal remedy. Its effect in diphtheria, both locally and internally, is very marked, and the following statement by Drs. Cossar Ewart and Malcolm Simpson proves in a pretty conclusive manner the action it has upon the disease germs: 'Pieces of membrane which had been brushed with a saturated solution of boracic acid, when placed on the warm stage of the microscope showed the characteristic bacilli; but these were absolutely innocuous, and instead of lengthening into spore-bearing filaments, micrococci bacterium termo or torula appeared in their stead. By the use of the acid, the disease was shortened, and the other members of the family were protected from infection.' In the treatment of *puerperal fever*, combined with sulphuric ether (which is also an antiseptic), and, when it has been found necessary, a little tincture of opium, it has given more decidedly beneficial results than anything with which I am acquainted. I feel certain that it ought to hold

an important place in the treatment of carbuncular disease—erysipelas, cholera, scarlatina, enteric, typhus and intermittent fever—and in fact all those cases which are known to have a septic origin. From what I know of its power in combating the action of disease-germs, I cannot help thinking it would materially lessen, not only the intensity, but also the duration of the various eruptive fevers. I incline to this belief very strongly; time will quickly show whether it is correct or not. It is but sparingly soluble in cold water; an ounce will only take up about eighteen grains, but a drachm of boiling water will dissolve about five grains. The dose is from five to fifteen grains. It has one particular recommendation, and that is its tastelessness.”—*St. Louis Clinical Record*.

**Syphilis in Relation to Marriage.**—Dr. Alfred Fournier has recently published a book, called “Syphilis et Mariage,” which contains the substance of what he has been teaching in regard to this subject for some years. It may be summed up as follows:

The physician who is questioned by a man who has had syphilis as to the propriety of his marrying, has a very grave responsibility imposed upon him. If he decide amiss, he may, on the one hand, let a man marry only to infect his wife and beget a diseased offspring; or, on the other hand, forbid a marriage which would be perfectly or reasonably safe and close the door against all the advantages which would follow it. When he (Fournier) thinks of the happy couples and the healthy children who owe their happiness and existence to his permit, he cannot but think it is a grave error to say a syphilitic should never marry.

If, then, this be sometimes permissible, when is it so? The answer he gives is:

1st. In the absence of actual syphilitic manifestations; 2d. After a considerable time from that at which the disease was acquired; 3d. After a period of immunity since the last outbreak; 4th. When the disease has been of a non-menacing character; 5th. After adequate specific treatment.

The first condition is absolute and inflexible; the second admits the exercise of a certain discretion, though it should not be less than three or four years, and is effected by the fifth; the third condition, the period of immunity, he thinks should be at least from eighteen months to two years. The character of the disease may be shown to be non-menacing by the patient's general condition or by the lightness of his eruptions; while an early affection of the nervous system or the viscera is a very grave sign. By adequate specific treatment, Fournier means active and curative, not timid and indifferent, doses of mercury and iodide of potassium. These are to be used methodically and as indicated in the different stages and degrees of the disease.

This much in regard to the conditions precedent to permitting the marriage of a man who has had syphilis. Fournier, in common with most men who have made a special study of syphilis, considers this a curable disease. The old teaching, that it is ineradicable, and descends from father to son to the remotest generation, is abandoned by those who have the best right to positive opinions about it. It may be remarked, in passing, that Fournier is of those who believe in paternal

heredity: that a father may beget a syphilitic child without infecting the mother. But in most cases it is first to the wife that the danger comes, and secondarily to the offspring.

Nevertheless, it is a great thing to believe that both may escape; that, in a fairly healthy person, syphilis is but a grave disease, not an incurable one; that care and patience and appropriate treatment may restore the subject of it to the ranks of healthy men, fit him for marital relations and give him the opportunity to beget sound and sane children that shall not bear the stamp of their father's disease. Such views are no longer novel, and are familiar enough to special students, though they have not yet established themselves in the minds of all who have the shaping of medical opinions. There are still men of eminence and learning who repeat what used to be taught in regard to this matter. Their belief is entitled to the greatest respect, and a presumptuous rejection of it might lead to very sad results. Still the actual experience of men who have made syphilis the study of their lives must carry the greatest weight, and may be rationally accepted by those who wish, with the best light they can obtain, to decide the important questions that may be put to them by men whose happiness will depend upon the answers they then give.—*Specialist and Intelligencer*.

**The Non-Specific Treatment of Gonorrhœa.**—The efficacy of the abortive and specific treatments of gonorrhœa cannot be questioned for a moment; but, unfortunately, they are often disgusting and distasteful to the patient. The disagreeable odor perceptible about a person taking copaiba, cubebs or sandal wood, is frequently apparent, not only to the patient himself, but also to those with whom he comes in contact. This is unpleasant to a patient, no matter to what class he may belong. Further, there have been instances in which the fear that the medicinal odor might disclose his ailment has produced in the patient such an amount of anxiety that the mental condition was as distressing to him as the disease itself. To avoid these difficulties, the following is the plan of treatment I have used in a number of cases, with good results.

In the acute stage of the disease, that is, before the discharge is well marked, and when there exists an intense, agonizing, burning pain upon micturition, I have been in the habit of making the constitutional treatment predominate over the local; that is to say, restricting the diet, regulating the bowels, ordering rest, if necessary, and giving internal y:

R Potass. acetat. .... ʒ ij.  
Uvae ursi. .... ʒj. M.

Sig.: To be put into one pint of boiling water and a wineglassful (f. ʒ ij.) to be taken every two hours, in flaxseed tea.

I order the inflamed organ to be kept well cleansed with hot or cold water, whichever is most agreeable to the patient, containing a small amount of salt or alum. Having continued this treatment for two or three days, I order, in addition, an injection:

R Zinci acetat. (vel sulphat.) .... grs. vj.  
Glycerine. .... f. ʒ ss.  
Aque rosae. .... f. ʒ ijss. M.

Sig. : Use three or four times daily.

Before using, the patient should urinate, if possible, so as to cleanse out the urethra. If chordee or orchitis occur, it is treated with opiates and antiphlogistic measures.

The length of time to continue this course of treatment varies with the severity or mildness of the attack; but in no instance have I been led to feel that the disease had been prolonged, or that I had been guilty of an injustice to my patients in discarding the time-honored specific remedies.

There is one point upon which I lay great stress, viz: delaying the use of an injection for two or three days, or until the acute inflammatory condition has subsided and the discharge appears. The use of an injection in the first stage of gonorrhœa is very painful, and tends to increase, instead of allay, the existing inflammation; but if acetate of potash and uva ursi are first administered, the urine is rendered bland and less irritating, the inflammation subsides, the urethra becomes less sensitive, and the whole organ is in a far more favorable condition for the reception of local medication.

A utilitarian consideration in cases of this sort is, that if stricture should supervene where an injection has been ordered at the onset of the attack, the patient is likely to associate the stricture with the pain caused by the injection, and attribute it to unnecessary strength of the latter.

The internal treatment suggested, as compared with the specifics, meets all demands, and does not produce the unpleasant effects—nausea, cutaneous eruptions, renal pain, etc.,—attendant upon the administration of copaiba, cubebs and sandal wood.

The disgust expressed by some patients for the “specific treatment,” and the decided objection of others to be placed upon it, have influenced me in adopting the method I have described, and I have never yet had cause to regret it.—DR. RONALDSON, in *Specialist*.

**Prussian Blue in Malarial Fever.**—Through the suggestion of a friend of mine, wrote Dr. W. I. Martin, I was led to the use of the above article in some stubborn cases of intermittent fever, more particularly that form termed “dumb ague or chronic chills.” Now, after the use of it for several years, I have found it an efficient remedy, and have rarely been disappointed in being able to effect a cure. It must be given in pretty large doses, much larger than is directed in our books, to have this desirable effect, say ten grains three times a day. This amount, in my hands, has proved sufficient for the adult. In looking at the article chemically, we might fear using such large doses, but, after experience, I have seen nothing bad result from it whatever. Given in powder, dropped upon the tongue and washed down with a little water, is the most eligible way of administering it. The taste is somewhat similar to that of powdered charcoal, and but few complain of it being unpleasant to take; in this way even children take it readily. Given in pillular form, a dose would make three pretty large pills; this amount having to be taken three times a day, we would find but few that would submit to it. Prussian blue being a chalybeate, has the effect of that class of remedies, as well as that of an anti-peri-odic, and I found it to be most efficient in those cases where there is a

"run-down" or anæmic condition, and when a cure is effected it is more permanent than that from quinia. There are some cases where quinia will not make a permanent cure, even when given under the most approved plan, which, I believe, is after the chill has been arrested by it, to keep them from returning by giving a full dose the day preceding the seventh, fourteenth and twenty-first day following the last chill. Now, in these cases, where quinine has so failed, the ferrocyanide of iron comes in as just the thing.—*Med. and Surg. Rep.*

**The Coca in Opium Habit.**—In your issue of May 29, I noticed an article from the pen of Dr. Palmer, upon coca as a possible antidote for the opium habit. At that time I had under my treatment Captain C., who was suffering from the morphine habit. He was wounded in the left leg at the battle of Nashville during Hood's raid through Tennessee, and had it amputated at the middle third of the thigh. He contracted the morphine habit to alleviate the intense pain, and continued it for several years. Five years ago he quit taking the drug, and abstained till last spring, when he went to Louisiana from Middle Tennessee, where his physician prescribed morphine, in connection with quinine, for the relief of malarial poisoning. The old habit soon returned with all its pristine force. When he came back, I found him in the condition described above—gloomy, despondent, and threatening to commit suicide.

As soon as I read Dr. Palmer's article, I determined to give the coca a fair test, and am able to report that the result was a most happy one. He has been using the coca *ad libitum* for more than a week, and now, instead of taking three grains of morphine several times a day, is entirely relieved of this habit, with all its distressing effects, and is happy, hopeful and cheerful.

I hope all other physicians will try this new remedy in cases of this kind, and report through the *News* and other medical journals, as I, for one, am deeply interested in the result.—J. G. CORE, *M.D.*, in *Louisville Medical News*.

**Cause and Treatment of Bromidrosis of the Feet.**—Dr. Thin, in a paper on the cause of the bad odor sometimes associated with excessive sweating of the feet, (*Brit. Med. Jour.*, vol. ii., 1880, p. 463), calls attention to the fact that this odor does not belong to the sweat itself, but is in the coverings of the feet. In a case experimented upon to verify this fact, which has been noted by Hebra, the hands of the patient, a young woman, which sweat profusely, were free from odor, while the feet gave out a disagreeable smell in moist weather, being quite inoffensive in dry, bracing weather. The soles of the shoes and stockings being subjected to the action of an anti-septic, the smell was entirely banished. It soon returned, however, and examination showed the stockings to be saturated with a secretion filled with bacteria. When, however, the stockings were immersed in a jar containing a saturated solution of boracic acid and dried, the smell disappeared. Taking this hint, these coverings were disinfected with the acid previously to wearing, with good result. To prevent the sodden, disagreeable smell of the shoe-soles due to this same cause, the patient was directed to get cork soles. Each pair of these, after having been

worn a single day, were placed over-night in the boracic acid solution, and were the next day dried. On the third day they were again ready for use. The skin was also washed with the boracic acid solution, which hardened and refreshed it. The cure was very satisfactory.—*Med. Times.*

**Hysterics.**—Dr. William Goodell recommends the following for hysterics in young ladies:

“When you are called on to treat a young girl with a hysterical attack, there are three things which you had better do:

1. “Institute at once firm pressure in the neighborhood of both ovaries. This is very apt to quiet the patient at once.

2. “Administer an emetic. I have found that a woman who is well under the action of an emetic has not the opportunity to do anything else than be thoroughly nauseated. Give a full dose of ipecac with one grain of tartar emetic.

3. “And this method of controlling the spasm will often act charmingly: take a good sized lump of ice and press it right down upon the nape of the neck. This produces quiet by its powerful impression upon the nervous system.

“When the attack is entirely under control, the best method of preventing the occurrence of another attack is to administer a full dose of assafoetida—none of your small two or three grain doses, but ten grains all at once.”—*Maryland Med. Jour.*

**Boracic Acid Injections in Gonorrhœa.**—For some months past I have observed the excellent results obtained by Prof. Seely in the dispensary of the Medical College of Ohio, in the treatment of cases of acute and chronic middle ear inflammations, and of purulent conjunctivitis, by means of boracic acid. These observations have led me to test its action in other parts of the body.

No better or wider field appeared to present than in cases of gonorrheal urethritis, so frequently occurring in the practice of every physician, and the treatment of which has, notwithstanding our large experience, remained very unsatisfactory.

The first case of this character in which I prescribed boracic acid, was that of a young man in the acute inflammatory stage of the disease, with abundant discharge, frequent and painful micturition and very troublesome chordee. Several of the more popular remedies had already been given without affording the slightest relief. After the first day's use of a one per cent. solution he was no more troubled by chordee. The pain attending micturition was much lessened after a single injection, and disappeared entirely upon a few repetitions. The discharge rapidly diminished in quantity and changed in character, but did not altogether cease for about a week.—*Country Practitioner.*

**Transverse Depressions on the Nails.**—Dr. James Sawyer, in a note to the *Lancet*, agrees with Dr. Duckworth that “there is a rather more rapid formation of nail than that of two complete growths in a year.” From his own observations, he should say that from three to four months are usually occupied in the passage of a furrow from the lunula to the end of the nail. These grooves are very common. They are sometimes to be seen on all the finger-nails; often they occur



only on the thumb-nails. If a person's nails be free from transverse furrows, we may conclude, almost with absolute certainty, that he has not had a serious illness in the last three or four months. He has found three or four of these depressions, equidistant and parallel, on the thumb-nails of women who are the subjects of dysmenorrhœa—a furrow making each painful "period."—*Druggists Circular*.

**Hodge Pessary.**—Dr. E. H. Trenholme, in *London Obstetric Journal*, from his own experience and study of the Hodge pessary, concludes :

1. Variouslly modified it is an efficient and most admirable instrument for sustaining a recto-dislocated uterus, and that to any desired elevation in the pelvis.

2. Even a large pessary, filling and distending the vagina and taking pressure on the floor of the pelvis, can be worn with comfort and ultimate curative results by the proper use of the postural treatment, together with the inflation of the vagina by elevating the floor of the pelvis, while in that position.

3. The curative forces operating upon the uterus are resultants of (a) the elevating power of the pessary; (b) the resisting force of the sacrum; (c) the weight of the uterus, now so high up as to gravitate forward and downward, and (d) the pressure of the abdominal viscera.

4. The vices of flexion and position being overcome, a permanent recovery may be looked for with certainty in from six months to a year from commencement of treatment.—*Obstetric Gazette*.

**Concerning Coca.**—There can be no question of the potency of coca, and in the hands of the intelligent physician much good may be expected from its use. But do take your trenchant pen and give us a slashing article against the indiscriminate use of it. You know a confirmed chewer of coca is called a coquero. Among the Spanish Americans a coquero is considered hopelessly lost, with no prospect of reformation. Look at the picture drawn by Von Tschudi: "The inveterate coquero is known at first glance. His unsteady gait, his yellow skin, his dim and sunken eyes encircled by a purple ring, his quivering lips, and his general apathy, all bear evidence of the baneful effects of the coca juice when taken in excess."

Surely this picture is enough to startle any one; but I know that some cannot be startled if there is a prospect of satisfying an appetite; therefore, the greater need of a fiery warning in time, to the profession, as well as the masses, against the indiscriminate use of a drug which is so apt to be followed by the blasted and desolate life of the coquero.—D. H. McDONALD, M.D., in *Louisville Med. News*.

**Treatment of Post-Nasal Catarrh.**—In the *London Med. Record*, which frequently contains useful hints for the general practitioner, I saw lately a formuly for the treatment of post-nasal catarrh. It was, I believe, originally suggested by Dr. Duffin. It consists of oxide of bismuth, powdered gum acacia, and a small quantity of muriate of morphia. It should be well mixed, and then, if used as a snuff in severe coryza or post-nasal catarrh, it acts in a most charming manner. Cases of great severity and long duration have yielded to its influence after three or four days.—*Country Practitioner*.

## SCIENTIFIC ITEMS.

**Science and Spiritualism.**—In his forthcoming work, "The Scientific Basis of Spiritualism," Mr. Epes Sargent takes the ground that natural science is concerned only with the knowledge of realities, that is, of sense-perceptions which can be not only historically but also directly imparted to us, and rationally proved; that, so far as this view is adhered to, Spiritualism is now a science. But he rules out all unconfirmed "trance utterances," or supposed spirit communications, as not pertaining to his "basis," or even coming within the scope of scientific recognition, except so far as they may give clear proof of supersensual power and intelligence.

He selects certain established and daily demonstrable phenomena, about which there is no dispute among those who have investigated the subject scientifically, and makes these the ground for his inductions, as well as the warrant for assuming that other phenomena, equally well attested, but not so perfect and unequivocal in their conditions, are analogically confirmed. He maintains that there are certain preterhuman facts as absolutely proved as any facts in other sciences are proved, and that they are veritable facts of science.

The pretensions of certain so-called "exposers" that they can produce such phenomena as direct writing and clairvoyance by trick, and in the same way that they are medially produced, Mr. Sargent dismisses as being either an ignorant boast or an intentional deception. The facts of the book are those which he had confirmed by forty years of close attention to this subject of Spiritualism, or to the cognate phenomena of mesmerism and somnambulism.

**Self-Winding Clocks.**—A clockmaker of Copenhagen, named Louis Soendenberg, who for some time past has had charge of the city's electric time-keepers, has just invented an ingenious appliance which obviates the necessity of winding up the regulator, from which the clocks in question "take their time."

By a mechanical contrivance which periodically cuts off the stream of electric fluid emanating from the battery, and brings an electric magnet to bear upon the relaxed main-spring in such a way as to renew its tension instantaneously, perpetual motion is practically imparted to the works of the regulator—that is to say, as long as the batteries connected with it are kept properly supplied with acids.

The discoverer of this important improvement has satisfied himself, by six months' successful experiments in his own workshops, that his system works faultlessly, and has applied for permission to adopt it to the electric clocks set up by the municipality in different parts of the Danish capital.

Electricity, under Mr. Soendenberg's compulsion, is destined not only to make the Copenhagen clocks go, but to wind them up, with never-ending recurrence, until the crack of doom.

PAPER stoves are the latest development of German ingenuity.

**The Structure of Spermatozoa.**—The *Lancet*, July 24, 1880, informs us that in the current number of the *Quarterly Journal of Microscopical Science* is a short paper by Dr. Heneage Gibbes, in which he states that he has found the spiral filament discovered by him in the spermatozoa of several species of animals, as the rat, mouse, axolotl, pigeon, fowl, snail and leech. In the examination of different specimens of human spermatozoa, he has noticed a variation in the length of the tails, and in one specimen he found a number of heads with no corresponding tails. He throws out the suggestion that these variations may have some important bearing. It is quite possible that tailless spermatozoa may not be able to fertilize the ovum, while the greater the length of the tail, the greater their locomotion and fertilizing power may be.

Dr. O. S. Jensen, of Bergen, has found the spiral filament in the semen of horses; and Professor Fleming, of Kiel, has also confirmed Dr. Gibbes's observations, both as to the existence of this filament, with its mesentery, and the different reaction to staining fluids of the head and middle part of spermatozoa.—*Med. and Surgical Rep.*

**Prof. Jager's Theory of Man.**—Prof. Jager regards man as a three-fold entity, made up of *body*, of physical substance; *spirit*, or that which is absolutely immaterial and transcendent; and *soul*, or the connecting link between the body and spirit.

The soul is the seat of the will, the passions and the emotions; and it may be isolated by experiment. This is the ancient Sankhya doctrine of the Hindu philosopher, Kapila, afterward reproduced in Egypt, Ionia and Greece, and in the *New Testament*. The spirit, or *purusha*, is divine, and unites as in a womb with the material substance, becoming thus invested with the *linga-sharira*, spiritual form, or psychical entity. Prof. Jager carries his hypothesis to a similar focus with Swedenborg. The soul, or its aura, can be perceived by the sense of smell. The phenomena of sympathy and antipathy between individuals are to be attributed to other constituents of their auras or emanations. The want of harmony in their specific auras, he maintains, is the cause of the social chasm existing between Jews and Christians, Aryans, Negroes, etc.

**Atoms.**—M. COLLADON believes that the fall of hail and rain has an action analogous to that of the *trompe*, and induces a downward current of air.

A NEW island has been produced in the Azores from terrestrial disturbance in an adjacent island.

SCENIC effects, such as the rising sun, rainbows, etc., are now produced by means of the electric light.

AN INSECT called neen, of the *coccus* species, has been discovered in Yucatan, Central America, which produces a species of india-rubber.

THE Vesuvius railway may soon be tested rather severely; ominous indications are becoming visible of increased activity in the volcano.

THE French Senate have voted \$208,000 for a further survey of the Sahara railway route.

THERE are now 171 Scotch blast furnaces in operation, against 90 a year since.—*Journ. of Chemistry.*

## PRACTICAL NOTES AND FORMULÆ.

**Compound Syrup of Hypophosphites.**—Among the various methods for making this product, we have revamped a little by giving a cut here and placing an addition there, and arranged a formula that works very satisfactorily, which is as follows :

Sulphate of Iron C. P.....	6 dr.
Hypophosphite of lime.....	3½ dr.
Boiling distilled water.....	18 oz.

The sulphate of iron is dissolved in about 1 oz. of the water and filtered, and the hypophosphite in the balance of the water and filtered; the two solutions are mixed in a pint bottle and allowed to stand for one hour until all the hypophosphite of iron is formed; at the end of the stated time the magma is turned upon a filter of linen, pressed and filtered afresh through paper, and sufficient distilled water is added to make the measure 18 oz. In this way of introducing the hypophosphite of iron into the syrup, we have our iron freshly made, and at the same time in solution in readiness to combine directly with the other salts, which are as follows :

Hypophosphite of Calcium.....	768 grs.
“ “ Sodium.....	512 “
“ “ Potassium.....	256 “
Sugar.....	22 oz.

The solution of the hypophosphite of iron is first heated to the boiling point, and in it are dissolved the salts of soda, lime and potash, by the aid of two drachms of citric acid,\* which helps to dissolve all of the lime salt. The solution is thus filtered, and in it is dissolved the given amount of sugar. Each teaspoonful contains :

3 grains of hypophosphite of lime.
2 “ “ “ “ soda.
1 “ “ “ “ potash.
2 “ “ “ “ iron.

The citric acid is used for the purpose of dissolving the calcium salt, also of making the iron taste, giving to the finished syrup an agreeable tartness.—*Proc. of the Cal. Phar. Assn.*

\*Hypophosphorous acid is both chemically and therapeutically preferable.—*En.*

**Nitrite of Amyl in Uterine Hemorrhage.**—Dr. Kerr reports a case of severe post-partum uterine hemorrhage, in which the patient was restored from a state of collapse by the inhalation of five minims of nitrite of amyl, whilst the hemorrhage was immediately arrested. The author was led to adopt this method of treatment by the report of Dr. Roehler's use of warm fomentations to the head in cases of uterine hemorrhage, to prevent anæmia of the brain and of the heart. In either case the *rationale* of the treatment is probably to be found in the rapid dilatation of the cerebral vessels.—*Brit. Med. Jour.*

**Cuticura Resolvent.**—Each fluid ounce weighs 453.6 grains, and leaves, on evaporation, a residue weighing 25.17 grains, equivalent to 5.55 per cent. This residue consists of:

Organic matter.....	21.86 grains.
Potassic iodide.....	2.13 "
Soluble salts, not iodide.....	64 "
Insoluble ash (in water) .....	54 "
	<hr/> 25.17 grains.

The organic matter gave distinctive tests for aloin, chrysophanic and iron-greening tannic acid, which reactions, taken together with taste, odor and physical properties, point to the presence of aloes and rhubarb.

The following prescription would closely imitate the "Resolvent:"

Take of:

Socotrine aloes,	
Rhubarb, each.....	1 drachm.
Potassic iodide.....	36 grains.
Whiskey.....	1 pint.

Macerate over night and filter.—*New Remedies, June, 1880.*

**How to Make a Poultice.**—The common practice in making poultices of mixing the linseed meal with hot water and applying it directly to the skin is quite wrong; because, if we do not wish to burn the patient, we must wait until a great portion of the heat has been lost. The proper method is to take a flannel bag of the size of the poultice required, to fill this with the linseed poultice as hot as it can possibly be made, and to put between this and the skin a second piece of flannel, so that there shall be at least two thicknesses of flannel between the skin and the poultice itself. Above the poultice should be placed more flannel, or a piece of cotton wool, to prevent it from getting cold. By this method we are able to apply the linseed meal boiling hot without burning the patient, and the heat, gradually diffusing through the flannel, affords a grateful sense of relief, which cannot be obtained by other means. There are few ways in which such marked relief is given to abdominal pain as by the application of a poultice in this manner.—DR. BRUNTON, *in Brain*.

**Odorless Iodoform.**—No satisfactory method of disguising the penetrating odor of iodoform has yet been proposed. The following formula, however, it is asserted by Dr. Lindemann, (*Allgemeine Medicin Central-Zeitung, 1879, No. 74*), does away with the smell entirely.

R Iodoform.....	grs. xvj.
Bals. peruviani.....	grs. xxx.
Vaselini, adipis, ung. glicerini, aa.....	3 ij.

If desired in a fluid form, the following formula may be employed:

R Iodoform.....	grs. xvj.
Bals. peruviani.....	3 lss.
Alcoholis, glycerini, collodii, aa.....	3 ij.

**Soothing Ointment.**—The following we find in the London Specialist :

By far the best of all the soothing ointments with which I am acquainted is composed of :

R Bismuthi oxid.	.....	3 j
Acidi oleici.....	.....	3 xij.
Cerae albae.....	.....	3 iij.
Vaselini.....	.....	3 ix.
Olei rosae.....	.....	m v.

I have not only used this ointment with the very best results myself, but those of my professional brethren to whom I have recommended it have professed themselves equally satisfied with it ; and one medical man in particular recently informed me that it was the only ointment, of the many which he had tried, which had proved a sedative in his own case.

Instead of merely rubbing soothing ointments upon the inflamed surface, as is so often done, it is always preferable, when at all possible, to apply them spread thickly upon a piece of linen, which should not be too large, else they do not lie evenly upon the inflamed parts.

**Erysipelas.**—Dr. Rothe, in Memorabilien, says : I have been accustomed, for years, to employ painting of the inflamed surface and its surrounding parts, every two hours, with a mixture of carbolic acid and oil of turpentine :

R Acidi carbolici.....	.....	1 part.
Spiritus vini.....	.....	1 "
Olei terebinthinae.....	.....	2 "
Tincture iodini.....	.....	1 "
Glycerine.....	.....	5 "

and have had occasion to be well satisfied with its effects.

The applications are entirely painless, and do not even excite heat of the skin. Commonly this is found wrinkled and pale on the second day. This method does not check the advance of the redness and swelling any more surely than any other ; but a part newly attacked can be restored equally as quickly to its normal condition by the same application, so that the course of an ordinary facial erysipelas is usually terminated in three or four days.

The part that has been painted is covered with a very thin layer of fine carded cotton batting. In case of high fever, or gastritis, of course, the remedies indicated—digitalis, quinine, an emetic, etc.,—must be employed.

**Abrasions of the Cornea.**—Dr. Dyer, in Medical Herald, says : Abrasions of the cornea, the result of injury, require a simple anodyne treatment :

R Atropiae sulphatis.....	.....	gr. ss. ij.
Morphiae sulphatis.....	.....	gr. ij. iv.
Aquae dest.....	.....	3 i.

M. Fiat solutio

**Arsenic in Neuralgia.**—Dr. J. T. Stewart, in *Peoria Medical Monthly*, says: "One old and tried remedy is worth a thousand of the new ones that are thrust upon the profession with the sound of trumpets by manufacturers of drugs all over the country. This statement is pre-eminently true as to arsenic in ordinary neuralgia. To derive the full benefit of this drug it must be given, at first, in small and frequently-repeated doses, gradually increasing the dose, until the neuralgia is controlled or the medicine begins to show its constitutional effects."

"Another point of equal importance is this: Long experience has taught me that by combining it with opium a much larger quantity will be tolerated by the system than would be if given alone. The opium aids it also in controlling the neuralgia. The following is a formula which I have used with great satisfaction for many years:

R Fowler's solution.....3 drachms.  
Tinct. opii.....1½ "  
Alcohol.....1½ "

Mix.

"The alcohol, of course, is added to prevent so much of the opium in the laudanum from being precipitated. In giving this mixture I am in the habit of beginning with ten drops in water every three hours, and increasing two or three drops a day until the disease is controlled, or until decided constitutional effects of arsenic are produced. It is rarely that the neuralgia does not yield before the constitutional effects of the drug are manifest.—*Indiana. Med. Rep.*

**Chloral in the Vomiting of Pregnancy.**—Dr. Hertsberg, of the Berlin Charite, in *Berlin Klin. Woch.*, calls attention to the great efficacy of chloral in vomiting in the early months of pregnancy. He always uses the following formula:

R Chloral hydratis..... gr xvijj  
Syr. aurant. cort..... ʒ iv  
Aquæ ..... ʒ iiss

Dose, Tablespoonful every two hours until vomiting stops.—*Med. and Surg. Reporter.*

**Wound-Dressing.**—Samton Gamgee, F.R.C.S., in the *Lancet*, says: "I do not dispute, as for many generations has been admitted, that antiseptics are of service in surgical practice; but they are accessories, not essentials. The essentials for successful wound-treatment are accurate coaptation, dry and infrequent dressing, uniform, gentle pressure, and absolute rest.—*Canadian Jour.*

**Venereal Warts.**—Equal parts of burnt alum and tannin sprinkled in powder upon venereal warts will desiccate them, and they can be rubbed off in a few days.—*Canada Med. Rec.*, Sept., 1880.

**Good Waterproof Varnish** may be made by dissolving 1 oz. of india-rubber to a jelly in one pint of turpentine; then add one pint of hot linseed oil and mix over a slow fire,



## EDITORIALS AND MISCELLANEOUS.

*Cincinnati Colleges.*—There are reported no less than nine Medical Colleges in Cincinnati, of which only five are considered reputable.

*South-West Virginia Medical Society.*—A new medical organization has been organized in the South-west portion of Virginia. It will be auxiliary to the State Medical Society. The following gentlemen have been elected officers for the ensuing year:

*President*—W. F. Barn, M. D., L. L. D., Abingdon, Va.

*Vice-President*—1st, J. M. Estill, M. D., Tazewell C. H.; 2d, H. G. Johnston, M. D., Giles county; 3d, Oscar Wiley, M. D., Salem; 5th, J. L. Tipton, M. D., Hillsville; 5th, T. D. Kernan, M. D., Lebanon; 6th, J. T. Jordan, M. D., Newbern.

*Recording Secretary*—Geo. E. Wiley, M. D., Emory, Washington county.

### OUR JOURNAL.

As the year approaches its close, we want to say a few friendly words to our subscribers. The past year, though attended with marked prosperity in most lines of business, has been unusually hard upon Journals, by reason of the largely increased price of paper and material, while the rates of subscription remained the same. True, our list has increased, and the Journal has maintained its popularity with the profession; and yet we have to state that a large number of our subscribers are unmindful of our pressing necessities, and subject us to much needless embarrassment by simply neglecting to remit the small amount due from each one for subscription. We now kindly appeal to each and every one who is in arrears to remit us their subscription, and to renew for the coming year. The country is now everywhere prosperous, and certainly any physician can devote the proceeds of a single professional visit to procuring a Medical Journal for twelve long months. There is nothing so cheap, for the amount of usefulness and interest which it affords, as a Medical Journal to the practitioner of medicine, and it is a matter of astonishment that so many physicians are without a Medical Journal, and as a consequence are ignorant of the advances of the profession, and must practice at a disadvantage to themselves and their patrons, who have a right to expect the latest and most improved methods of treatment from those who assume the position and duties of a practitioner of medicine.

Judging from the notes of approval that frequently come up from our readers, our Journal is adapted to the wants of a large majority of the profession. We could give hundreds of these unsolicited testimonials, were it necessary, or proper, to do so, but submit only the following extract from one but recently received, which we do more on account of the sentiment it contains as to the duties of the profession than from any desire to make known the compliment conferred upon our Journal. The letter is from Dr. F. P. Akers, of DeKalb county, Ga., and we trust he will excuse the liberty we take in publishing it:

"I find your Journal exceedingly useful. It contains more practical matter in less space than any similar work with which I am acquainted,



The profession in the South ought to be proud of it, and should by all means sustain it. I don't see how any conscientious physician can do without a Medical Journal, and yet I know of practitioners who do not take a Journal, and who seldom or never read anything. They make no progress, and the people know it. Such men may run for a time on gas and bluster, but they never wear well, and are sure to find, in a short time, their true level in public estimation.

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### NATIONAL BOARD OF HEALTH VS. LOUISIANA STATE BOARD OF HEALTH.

We notice in the New Orleans *Picayune* that at a recent meeting of the Louisiana State Board of Health quite a heated discussion was held touching a communication, published in one of the city papers, by Mr. Bemiss, a resident physician of New Orleans, and member of the National Board of Health, in which he reflected severely upon the State Board.

The communication was denounced as false in many of its representations, and the following resolution introduced :

WHEREAS, The representative of the National Board of Health, Dr. S. M. Bemiss, has thought proper, (through the columns of the New Orleans Medical Journal, of which he is an editor), to unjustly assail and grossly misrepresent the State Board of Health of Louisiana and its honored President : be it therefore

*Resolved*, That the President of this Board be and he is hereby respectfully requested to officially reply to the aforesaid article, and to present to the people of this State, through the columns of our newspapers, a clear and comprehensive statement of all the facts in controversy.

President Joseph Jones stated that he was at a loss to know how to regard the communication of the member of the National Board of Health, published in the Democrat of yesterday morning, and said to be an editorial printed in the New Orleans Medical and Surgical Journal, edited by S. M. Bemiss, M.D., W. H. Watkins, M.D., and S. S. Herrick, M.D.—whether as a farcical travesty upon the National Board of Health, or a malignant effort to injure the State Board of Health, and to excite the prejudices and animosities of the States lying above and around Louisiana.

We have not space to add the other remarks of President Jones on the subject, and have not before us the other side of the question. The outside profession not being familiar with all the facts and surroundings, cannot easily decide upon the merits of the controversy, and will be likely to view with regret this want of harmony between two high professional bodies, while the public, we fear, will be inclined to regard such discussion as not very well comporting with the dignity of the profession, and the high character of the parties to the controversy. W.

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### BOOK NOTICES.

DISEASES OF THE THROAT AND NOSE. By Morrell Mackenzie, M. D., London, Senior Physician to the Hospital for Diseases of the Throat and Chest ; Lecturer on Diseases of the Throat at the London Hospital Medical College, etc. Vol. 1, Diseases of the Pharynx, Larynx and Trachea. 8vo, pp. 600 Price \$4.00. Philadelphia : Pressley & Blakiston.

The Dublin Journal thus remarks of this work : " We have long felt the want of a thoroughly practical and systematic treatise on diseases of the throat and nasal passages. Admirable passages have from time to

time appeared, which have dealt with the various affections occurring in the naso-pharyngeal and laryngeal organs, but up to the present no standard work has been written. Any one familiar with laryngoscopic work must at once appreciate the valuable addition now made to this special department in the work before us. The entire work, of which only the first volume has as yet appeared, will include the consideration of affections of the pharynx, larynx, trachea, œsophagus, nasal cavities and neck. The matter now presented complete for the first time is the result of the author's large and unrivaled experience, both in hospital and private practice, extending over a period of twenty years. His constant labor in this special field, and the accurate methods adopted at the Throat Hospital for recording every feature of moment in the history and treatment of the cases there attending—the systematic registration of which must have struck any visitor—give to this final compilation of Dr. Mackenzie a tenfold value. There can be but one verdict of the profession on this manual—it stands without any competitor in medical literature, as a standard work on the organs it professes to treat of.

**A PRACTICAL TREATISE ON NASAL CATARRH.** By Beverly Robinson, A.M., M.D., Paris, Lecturer upon Clinical Medicine at the Bellevue Hospital Medical College, New York; Physician to St. Luke's and Charity Hospital, etc. New York: William Wood & Co., 27 Great Jones street, 1880.

The author, at the close of the preface, thus remarks: "I have wished especially to write a succinct, thorough, compact account of personal experience and convictions, and thus, if possible, render it valuable as a practical guide to others." No works are so valuable as those drawn from practical observation and experience. Here we have one of the opprobria of the profession dealt with by a learned, observing and practical man. The work is illustrated, neatly gotten up, and contains 176 pages of valuable information.

**TREATISE ON THERAPEUTICS.** Translated by D. F. Leonard, M.D., from French of A. Trousseau, Professor of Therapeutics in the Faculty of Medicine of Paris; Physician to the Hotel Dieu, etc.; and H. Pedoux, Member of the Academy of Medicine; Honorary Physician to the Hospitals; Honorary President of the Soc. de Therapeutique; Honorary Member of the Royal Legion, etc. Ninth edition; revised and enlarged, with the assistance of Constantine Paul, Professor Agregé in the Faculty of Medicine of Paris; Physician to the Hospital St. Antoine, etc. Vol. III. New York: William Wood & Co., 27 Great Jones street, 1880.

This is certainly a valuable work. Thirty-eight pages are devoted to facts and information on *Anæsthetics*, fifty-eight pages to *Anti-Spasmodics*, twenty-two pages to *Neurosthenic Tonics*, more than one hundred pages to *Excitants*, thirty-two pages to *Sedatives* and *Contro-Stimulants*, and twelve pages to *Anthelmintics*. The work is exceedingly useful, containing much new, interesting and practical information.

**ACTS OF THE LOUISIANA LEGISLATURE, ESTABLISHING AND REGULATING QUARANTINE FOR THE PROTECTION OF THE STATE, ETC.; RULES AND REGULATIONS OF THE BOARD OF HEALTH OF THE STATE OF LOUISIANA, AND HEALTH ORDINANCES OF THE CITY OF NEW ORLEANS, ETC.** By Joseph Jones, M.D., President of the Board of Health of Louisiana. New Orleans: J. S. Rivers, Stationer and Printer, 1880.

In these times of interest and controversy on Sanitary Science, this work is timely, and will be in demand by the profession and the public.

**THE NEW CYCLOPEDIA OF DOMESTIC ECONOMY AND PRACTICAL HOUSEKEEPER**, adapted to all classes of society, and comprising subjects connected with the interests of every family, such as Domestic Education, Houses, Furniture, Duties of Domestic es, the Store-Room, Marketing, Table and Attendance, Care and Training of Children, Care of the Sick, Preparation of Food for Children and Invalids, Preservation of Health, Domestic Medicine, the Art of Cooking, Perfumery, the Toilet, Cosmetics, etc. Five thousand Practical Receipts, and Maxims from the English, French, German, etc. Illustrated with 200 Engravings. By Mrs. E. F. Ellet, author of "The Women of the Revolution." Norwich, Conn.: Henry Bill Pub. Co. Ira A. Smith, Milford, Mass., General Agent.

**WALSH'S PHYSICIANS' COMBINED CALL BOOK AND TABLET.** Fifth edition. Published by Ralph Walsh, M.D., Washington, D. C. Mailed, pre-paid, upon receipt of \$1.50, and for sale by all booksellers. It contains a calendar Table of Doses, Abbr-viations, Poisons and Antidotes, Hypodermic Formulae, Tests for Urine, Disinfectants, Obstetric Table, Incompatibles, Weights, etc. A very handy memorandum and exceedingly useful to the practitioner.

**A SYSTEM OF MEICINE:** Edited by J. Russell Reynolds, M. D., T. R. S., Fellow of the Royal College of Physicians of London, etc., with numerous additions and illustrations. By Henry Hartshorn, A. M., M. D., Fellow of the College of Philadelphia, etc., in three volumes. Henry C. Lea & Son, Philadelphia.

We have noticed the other volumes of this standard work on Practice, and now take pleasure in commending the third and last volume, now before us. The volume treats of diseases of Digestive, Blood-glandular, Urinary, Reproductive and Cutaneous Systems. As a work of reference, Reynold's System of Medicine is the most thorough and complete in the English language. Each subject has assigned it a distinct author, whose special merits are fully and clearly put before the reader. We know of no work whose value so appeals to the wants of the profession, and so important to the practitioner.

## SPECIAL NOTICES.

We have received from Messrs. Wm. R. WARNER & Co. samples of their pharmaceutical preparations for the use of physicians and practitioners. These preparations have received high awards at the centennial and other international exhibitions, and have attained a considerable reputation in America.

Warner & Co.'s sugar-coated pills are extremely well made; have a smooth, elastic coating; and, if cut through, the mass within is found to be soft and easily soluble. They include phosphorus pills, containing 1-50 of a grain of phosphorus in each; have been especially praised by the judges on account of the completeness with which the phosphorus is diffused and subdivided whilst it is protected from oxidation.

**COCA** (*Erythroxylon Coca*).—The properties of this drug have long been familiar to the natives of Bolivia and Peru, to which countries it is indigenous. It is a powerful nervous stimulant, and increases the power of the muscular system to sustain fatigue. It has also a pleasant, general, excitant influence, removing fatigue and languor. Its effect on the brain is to stimulate that organ to greater activity, and to relieve the mind of the depression incident to worry and anxiety.

Considerable interest has been excited in this new remedy by the report of Prof. E. R. Palmer, M.D., of the University of Louisville, on its efficacy in the treatment of opium habit.

A pure article of coca is furnished by **PARKE, DAVIS & CO.**, Detroit, Mich.

We would call attention to the advertisement, on page 9, of Messrs. **HENRY THAYER & CO.**

This is an old and honorable house, having been established in their branch of Pharmaceutical Chemistry over thirty years.

All of their preparations are faithfully made of full strength, elegant in appearance, and have deservedly won a wide reputation. Physicians and druggists may depend upon the correctness and accuracy of any preparation bearing their label.

Their list of new Fluid Extracts is extensive, and the genuineness of indigenous raw material is certified at the Botanical Gardens of Harvard University.

T H E

# Southern Medical Record.

EDITORS:

T. S. POWELL, M.D.   W. T. GOLDSMITH, M.D.   R. C. WORD, M.D.

*R. C. WORD, M.D., Managing Editor.*

ALL Communications and Letters on Business connected with the RECORD must  
be addressed to the Managing Editor.

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## ORIGINAL AND SELECTED ARTICLES.

### TYPHOID FEVER.

BY J. H. EGAN, M.D., OF PULASKI, TENN.

Until the present century great confusion existed as to typhus and typhoid fevers. Both diseases were described under the same name and considered identical. Typhus fever was unknown on the continent of Europe and America, and the description given of that fever appertained to typhoid. Typhus was the endemic fever of Great Britain, and occasionally there were outbreaks of typhoid. When the immense tide of emigration flowed into the United States it brought along with it the typhus of the mother country. Ship fever, which has been most graphically described, is typhus. The non-identity of typhus and typhoid was repeatedly asserted from 1830 to 1840; but to Sir William Jenner is due the credit of recognizing the specific differences between the two diseases. Since the writer's first visit to the United States a large number of physicians believed in the identity of the two diseases. The profession in the United States are under obligations to Dr. William Bartlett for tabulating the differences in symptoms between the two fevers; and after perusing his work no candid person could fail to admit that they are separate and distinct. There could be no excuse for a physician educated in Great Britain in late years failing to

recognize the non-identity of these fevers, as he had an opportunity of seeing hundreds of both; but it was otherwise in Europe and the United States, as typhus was a rare disease. Dr. Geo. B. Wood gave the name of enteric fever to typhoid, which was an excellent name, and pointed to its invariable pathological lesion. Typhoid had previously been given to it, and it is difficult to change a name which has come into common use. A worse name could not well have been given, as it gives rise to constant confusion. We have typhoid fever and the typhoid state, which is incidental to many diseases, and when attached to the name of another disease, as typho-malarial fever or typhoid pneumonia, gives rise to endless confusion. In the seventeenth century we find descriptions of cases and autopsies showing that typhoid fever was widely spread in Europe; and in the eighteenth century the existence of the disease is beyond doubt. The writings of Willis Sydenham, Hoffman and Morgagni attest the matter. Typhoid fever is infectious to a slight degree; but this infection does not extend beyond a few feet from the patient. Defective sewerage, contaminated milk and water containing the disease germs, are the chief causes of typhoid fever. The fever was unknown in Queensland, Australia, until 1864, when the American ship "Flying Cloud" carried it there in the water which it had on board. Liebermeister, in his article on typhoid fever in Ziemssen's *Cyclopædia*, enounces the doctrine that the poison of typhoid fever does not originate in decomposing substances, but finds in them favorable ground for growth and multiplication. He says "there are multitudes of houses in which the effluvia of the privies can be smelt through all the rooms, and in which the inhabitants are constantly inhaling sewer gases; and neither the temporary nor permanent residents are attacked with typhoid fever. Cities with defective sewerage are not by any means always visited with typhoid fever." Dr. Budd established the doctrine that the poison of typhoid fever is propagated continuously. It follows, then, that if a single case be introduced into a community, it may give rise to single cases or epidemics. The transporters of the poison is the excrement, and it is the washing of this into the wells which contaminates the water and produces the disease. Every case of typhoid fever can be traced to a specific source, if energetically sought for. The poison of typhoid fever retains its vitality for a longer time than that of any other disease with which we are acquainted.

The period of incubation is difficult to determine, but is supposed to be from fourteen days and upwards. The longest known period is twenty-eight days. The average is twenty-one days. The mode in which the poison gains entrance to the system is either by the air we breathe or the water we drink. This is the reason why the washer-

women, who wash the bed-linen soiled by the dejections of the patients, are more frequently attacked than the other attendants.

The primary local lesions of typhoid fever, and one which is always present in every case of the disease, and is pathognomonic of it, is ulceration of Peyer's patches and the solitary glands, and also the changes in the mesenteric glands and in the spleen. There are other lesions which vary in different cases, and are the results of the general disease; such are the degeneration of the liver, kidney and heart; but these depend upon the intensity and duration of the general diseases and the severe and long-continued fever.

Typhoid fever develops very slowly, so much so that patients cannot tell when they began to get sick. It is usually from four to ten days before it is necessary to take to the bed. This is characteristic of the disease. A slight bronchitis accompanies typhoid fever, together with epistaxis, and this generally occurs in the early part of the fever. Deafness, either slight or almost complete, frequently occurs. The bowels are loose and dejections of a yellowish color, and in connection therewith is tenderness of the iliac region on the right side. The abdomen is tympanitic, owing to the accumulation of gas in the intestines.

Griesenger says: "The fever in a measure controls the situation." The fever lasts, as a rule, from three to four weeks. It is a self-limited disease, but these limits are often very wide. Fourteen days is the shortest duration, and there have been cases to last ninety days. The general duration, however, is four weeks. In the first week there is a gradual and steady increase of the fever; in the second week the fever is continuous; in the third week the fever begins to be remittent; but in the exacerbations the highest temperature is reached; in the fourth week the fever becomes intermittent, and the exacerbations become lower.

The disturbances of the nervous system depend upon the intensity of the fever. There may be general malaise, restlessness, headache and unquiet sleep; or there may be slight disturbance of the intellect; or there may be a low muttering delirium, a drowsy condition from which the patient can be temporarily aroused; or the delirium may be violent; or there may be constant loss of consciousness from which the patient cannot be aroused. If the case be severe, there will be subsultus tendinum, tinnitus aurium and extreme nervousness.

On the seventh day of the disease there will generally be observed a slight roseolar eruption, which disappears on pressure. This is not always present.

Pneumonia, pleurisy, erysipelas and organic disease of the heart frequently are complications of typhoid fever.

Relapses are not uncommon in typhoid fever. When they do occur

there is a sudden bound up in the temperature which does not attain its height gradually, as in the first attack, but remains high for a short time, and then we have the morning and evening changes. The morning remissions and evening exacerbations are much more marked in the relapse than in the original attack. The eruption makes its appearance with the first symptoms of the relapse, and continues until the fever disappears. The spleen never decreases in size while the fever remains, and in a relapse swells up again.

The treatment of typhoid fever has undergone a great change in the United States since the writer first visited the New York hospitals. Dr. Alonzo Clark was the first to introduce the Edinburgh or conservative plan of treatment in Bellevue Hospital. Fires were lighted in the wards to produce a current of air; the windows were thrown open; water was given ad libitum, and the patients were kept as cool as possible. To use his own expression: "Under the old treatment the patients went out in coffins, and under the new on their own limbs." I have seen three hundred patients in the Edinburgh Infirmary, not one of whom got a teaspoonful of medicine—only food and stimulants. This was carrying matters to the other extreme, as I am certain that treatment directed to the prominent symptoms would have been beneficial.

The prominent symptom is the fever. The temperature must never be allowed to exceed  $103^{\circ}$  Fah.; as soon as this point is reached measures must be taken to reduce it. This can be done in two ways, either by cold water or by medicine. I prefer the former; although I am free to confess that I have seen the most marvellous results from the use of large doses of quinine. In the practice of Dr. Compton, of Evansville, Indiana, I saw exhibited two doses of twenty grains, one hour apart, with the result of bringing the temperature down at once two degrees, and keeping it there. Water can be employed in the cold bath—cold pack and sponging; the latter I prefer, when it will accomplish the end, but this it will not always do. The whole body may be sponged with water at a temperature which is agreeable to the patient, and a small portion of the surface be denuded and sponged until the application has been made over the whole person. There is no danger in the cold pack sheet, provided all below the knees be left uncovered. There is not much benefit to be derived from it, and the good effects are not derived from the cold. The cold bath is a troublesome method, and frequently impracticable to give in a private house, and is liable to produce some nervous shock, and on this account is not often used. The same results can be obtained by simply wrapping the patient in a wet sheet and sprinkling with cold water. Personally, I use sponging with cold water, and if this be ineffectual, then I prefer the "Kibbee"

water bed. This was used in Memphis in the epidemic of yellow fever in 1873, and subsequently in 1878 at New Orleans, where the inventor lost his life by yellow fever. Dr. T. G. Thomas has used it to reduce the temperature in cases of ovariectomy, and speaks of it highly. Whatever be the plan adopted, an effort must be made to reduce the temperature to 100° Fah.

The amount of fluid required for the healthy performance of function is 120 ounces per diem. We may safely say that not less than two pints ought to be given daily to the patient. If the intellect be clear, the desires of the patient will be the best indication for the amount of the fluid, and the frequency it ought to be given. When the intellect is clouded and the mouth dry, a tablespoonful ought to be given frequently. It will be found that on presentation of spoon to the lips the patients will mechanically swallow what is offered.

I have long been in the habit of administering a febrifuge which, if it does no good, will certainly do no harm. In some cases it seemed to be advantageous. I use sulphurous acid, largely diluted with water, three drachms to a pint of water; in place of two ounces of water, the same amount of syrup can be added.

To guard against the gravitation of the blood into the posterior aspect of the lungs, which is one cause of the œdema and pneumonia complicating this fever, it is a good plan to change the position of the patient and not permit him to lie on his back all the time. It will also prevent the formation of bed-sores, which adds to the nervousness of the patient and drains his strength.

Should the discharge from the bowels consist of small semi-solid stools, it ought to be disregarded. Nothing is so detrimental to a patient as over-medication. If, however, the stools be watery and large, showing follicular intestinal catarrh, opium and astringents must be used. Nitrate of silver is a very popular astringent with some. If the bowels be constipated, no cathartic is to be exhibited, but minute doses of belladonna, which will induce an operation.

For the tympanites, turpentine, in the form of an emulsion, is the best remedy. The prescription which I administer is:

R	Ol. terebinthæ.	
	Liq. potassæ, a.a.....	3 ii.
	Mucil acaciæ.....	3 iv.
	Syrup papav alb.:	
	Syrup floris aurantii, a.a.....	3 i.
	Aquæ camphoræ, a.d.....	3 viii.

M. Sig.: A tablespoonful every four hours.

If the tympanites be excessive and not mitigated by the above, it will be necessary to pass a rubber tube up intestine and allow the gas to escape.



For the nervousness, if excessive, we have found nothing to equal fl. ex. lupulin in small doses, or Hosford's acid phosphate.

In reference to diet, we are opposed to solid food during the continuance of the fever, and for sometime thereafter. I know of nothing which has given me so much satisfaction as a milk diet, and to this may be added, when there is failure of the vital powers, sanguis bonvinus exsicatus. In the third week it often becomes necessary to administer a stimulant. I never give whisky—simply Hungarian wine or the finest French brandy.

Typhoid fever cannot be cured by medicine. In a large proportion of cases nothing is requisite but rest in bed, quietude, fresh air, pure water and a regulated diet. When medicaments are given to hold special symptoms in check, it is better at once to discontinue them as soon as the indication has been met.

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**TIC DOULOUREUX OF TWELVE MONTHS STANDING  
CURED BY RESECTION OF THE INFRA-  
ORBITAL NERVE AND ITS  
BRANCHES.**

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BY R. S. JENKINS, M.D., OF GEORGIA.

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Francis Grant, colored, aged fifty-two years, was attacked with inflammatory neuralgia of the left facial nerve, August 28th, 1879. Gave sulph. quinine and sulph. morphia, local blisters, warm poultices, without any amelioration of symptoms except to partially subdue the general inflammation. The neuroses ceased to be general and concentrated itself in the infraorbital and its branches.

August 30th. Was attacked with spasms of the muscles supplied by this nerve and its branches, coming on regularly, lasting from one to three minutes, with from five to eight minutes intermission, and continuing day and night up to the time of the operation.

In a short time after these attacks commenced the patient began to lose her appetite, subsequently becoming very much emaciated; but, under the use of cod-liver oil and iron, the appetite returned, and she gained some flesh, retaining both up to the time of the operation. The neuralgic attacks continued, notwithstanding she had taken ext. of belladonna, quinine, bromide of potassium and various other nervines, without lessening the duration, or increasing the length of time between the attacks.

The spasms could be produced by slight pressure on the nerve, or where the canine tooth should have been, even though an attack had

subsided. She had all the teeth extracted from that side, supposing them to be partially the cause of the trouble, without any improvement whatever; also thinking all the time, as she expressed it, that she had been "tricked" by some one of her enemies, and continued to believe thus up to the time of the resection.

August 10th, 1880. Assisted by Drs. Hudson, Boozer and Jones, anæsthetized the patient and performed neurotomy, by making an incision about one and a half inches in length down to the nerve, beginning at the superior portion of the ala of the nose, extending towards the corner of the mouth, dividing the main trunk of the nerve at its exit from the foramen, tracing it for one inch with five branches, and excised them, all of which were enlarged. There was considerable thickening of the mucous membrane of the upper lip, the cheek and conjunctiva of the lower lid of that side of the face, which had subsided to some extent since the operation.

The wound healed by first intention. The patient has taken since half ounce of mur. tinct. iron and five drachms of bromide of potassium.

For several days after the operation, the patient complained of a tingling sensation at the region of the infraorbital foramen, which has now ceased, and up to this time there has been no recurrence of the neuralgic spasm, and the patient is delighted with my having "cut the 'trick' out."

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### SOME OF THE THERAPEUTIC EFFECTS OF HYDRO-CHLORATE OF AMMONIA.

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BY THOMAS S. MITCHELL, M.D., OF GEORGIA.

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*Case 1.* I was called, March 28th, 1877, to see Mrs. S.; found her suffering very much every catamenial period with severe "dragging down" pains in the back and hips; also from hemorrhoids. I have since operated for hemorrhoids, using the knife, with perfect success. The flow very small in quantity and in clots. She had borne two healthy children, the youngest eight years old. She has ever been a stout, healthy woman. I have known her from her early girlhood, attended her in the two confinements, which were natural and easy; was then suffering from indigestion, constipation, headache, etc.

I explained to her the trouble, and told her if she could bear more children she would get well again. She was willing to do anything to regain her lost health. I prescribed a digestive tonic with powder rhei for the constipation, and the muriate of ammonia in 10-grs. doses

three times a day in water. Continued this line of treatment one month. She became pregnant; health restored almost entirely.

In April, 1878, she gave birth to a large healthy female child, and, strange to say, almost without a labor pain. She got up in the morning, got breakfast feeling unusually well. After attending to all her domestic duties, she sat down and said: "I think you had better send for Dr. M., I am in labor;" and in ten minutes more she gave birth to the child, sitting in the chair. I arrived in about one hour; found her quiet and without pain; delivered the placenta, and soon she was up at work without having a single pain or ache.

*Case. 2.* Was called to see Mrs. D.; found the symptoms and trouble nearly the same as Mrs. S.; her youngest child seven years old: had had two children.

I gave nearly the same treatment as I gave Mrs. S., and in a short time she became pregnant, and aborted at three months, with an alarming hemorrhage which was easy of control with fluid extract ergot, etc. Afterwards the ammonia treatment was continued. She became pregnant again, and with the constant use of the fluid ext. viburnum or eramp bark she went to full term and gave birth to a healthy living child.

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### A CASE IN PRACTICE.

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BY J. HENDREE, M.D., OF ALA.

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A few weeks since I was called to see a negro child one year old, which had been affected with spasms, not very violent, during three days. As I could find no indications of malarial fever I felt satisfied that some accident was the cause of the symptoms. Upon questioning the mother very closely she recalled that a week previous to my visit the child laid upon a blanket in the garden, grasped at a large rooster passing near, and the fowl struck its spur into the scalp. There was considerable outcry at the time, but the wound seemed to have healed and the mother had almost forgotten the circumstance. I then examined the scalp and found a tender spot and minute fistulous openings over the lambdoid suture on the right side, quite near the fontanelle. Enlarging this somewhat with a lancet gave egress to a considerable quantity of pus and bloody serum, which was increased by placing that part of the head in a dependent position. I directed this position to be kept as far as practicable. Relief of spasmodic condition was only temporary, and death ensued in forty-eight hours. This was really a case of death from the spur of a cock.

## PILOCARPIN IN THE TREATMENT OF MALARIAL FEVER.

\* \* The salts of quinia are considered specific in malarial affections, and their efficacy is beyond question, but in many cases they do not act promptly enough. What is needed is an agency that will antagonize the essential conditions of a chill at once; which, given during a chill, will cut it short, and which, given just as a chill is threatening, will prevent its occurrence. That the profession has felt the want of such an agent is well-attested by the long array of measures which have been proposed for the purpose. Sinapisms all over the body, the application of tourniquets to the limbs, cups (wet and dry) to the spine, the full administration of alcohol, narcotic doses of opium, and drachm-doses of chloroform internally, are some of them. These methods either have proved so uncertain, or involve so much discomfort, that at the present day treatment of the paroxysm is nearly always merely palliative, being simply an attempt to make the patient as comfortable as possible while he is passing through the different stages.

The essential conditions of a chill are a small, hard pulse, peripheral anæmia, and convulsive muscular contractions. Pilocarpin relaxes arterial tension, causes a determination of blood to the surface, and in the progress of the diaphoresis induced by it brings about muscular relaxation. It is easy to see how pilocarpin, sending the blood to the surface and causing diaphoresis within two or three minutes from the time of its hypodermic administration, can quickly dispel the blue, shrunken appearance of the skin and cold, creeping sensations which are about to usher in a chill; just as nitrate of amyl, dilating the cerebral vessels, prevents the epileptic seizure which their spasmodic contraction is on the point of causing.

To subject this reasoning to a clinical test, six cases of malarial intermittent fever were selected. Each patient was carefully watched at the time when his paroxysm was due, and two or three minutes after the chill had fairly begun gr. 1-5th of the muriate of pilocarpin was administered hypodermically. The patient's temperature was then taken every thirty minutes for the next four or five hours. The results were as follows: 1. In all but one case the chill stopped within two or three minutes after the pilocarpin was administered; and the paroxysms aborted, terminating in the sweat caused by the medicine—no hot stage occurring. In the remaining case, the patient was a very large man, and the dose administered did not produce marked diaphoresis; the chill was not interrupted, although its severity was diminished, and the pains in the back and loins disappeared. A hot stage occurred, but was shorter and less intense than that of the preceding paroxysm. Perhaps a more profuse diaphoresis might have been successful in this case, as it was in the others. With this idea it was proposed, in case another paroxysm occurred, to give a larger dose of pilocarpin; unfortunately for the settlement of this question, if not for himself, the patient recovered without having another chill. In one of these cases quinine also was given; in the others pilocarpin was the only remedy. 2. In all the cases recovery followed the administration of a single dose of pilocarpin; in no instance did another chill occur. In a seventh case small doses of quinine (five grains three times a day) were pre-

scribed; a chill, threatening to develop, was anticipated and prevented with pilocarpin. Convalescence was established without the occurrence of another paroxysm.

From these cases it seems fair to conclude: 1. That the muriate of pilocarpin, administered hypodermically, will promptly cut short the chill of malarial intermittent fever. 2. That in a large proportion of cases so treated the paroxysm aborts, terminating in the sweat caused by the pilocarpin, there being no hot stage. 3. That such abortion of a paroxysm is in itself sufficient to effect a cure in many cases. 4. That such abortion of a paroxysm is a valuable adjuvant to treatment with quinine during the intervals. 5. That a dose of pilocarpin sufficient to produce this effect acts gently, without causing exhausting diaphoresis or unpleasant pyalism. 6. That the promptness with which an adequate dose of pilocarpin interrupts a chill is suggestive of its possible efficacy in cases of pernicious intermittent fever, where prevention of the full development of a paroxysm is often of the first importance.

It will be observed that in all but one of the preceding cases the medicine was administered *during the chill*. I have more lately been able to study seventeen cases in which pilocarpin was given *before the chill*, with a view to preventing its occurrence. In five of these the remedy was administered hypodermically; diaphoresis resulted in from two to five minutes, and in every case the chill was prevented. In one of these cases a second dose was required two days afterward, which was again successful. Quinine was given, in three instances, in small doses (three to five grains three times a day). In the twelve remaining cases the muriate of pilocarpin was given by the mouth. In two instances the medicine failed to act, no diaphoresis being produced; in these cases the impending paroxysms were not prevented, but went through their usual course. In ten instances diaphoresis, more or less marked, resulted in from ten to twenty minutes after the pilocarpin was taken; in all these cases the paroxysm was averted. In three of these twelve cases, including the two in which no diaphoresis was produced, it was found necessary to use pilocarpin again. About half of the twelve patients took quinine.

Administered hypodermically, the drug acts more surely, more rapidly, more evenly; the dose required varies between gr. 1-5th and gr. 1-6th, according as the patient is large or below medium size. The following solution may be used:

R Pilocarpinæ muriat.....gr. j.  
 Aquæ destill.....3 j.  
 Sig. m. x=gr. 1-6th. M.

Like similar solutions of other alkaloids, this one begins to lose strength and is no longer reliable, after standing two or three weeks in a warm room. One-grain powders of the drug may be kept for an indefinite time, put up by the druggist in a manner to prevent deliquescence; the above-mentioned solution can then be made fresh as occasion may require.

If the patient objects to hypodermic medication, or if circumstances render this method of administration inconvenient, the remedy may be given by the mouth, and yet act efficiently. In this case the dose will

vary between gr. 1-4th and gr. 1-5th. It is best given in powder, as follows:

R Pilocarpinæ muriat.....gr j.  
Sacch. lactis.....gr. xxv.  
Div. in chart., No. V. M.

These powders may be given to the patient, with directions when to take them.

To prevent the occurrence of a chill, pilocarpin should be given hypodermically about fifteen minutes before the time when it would commence; if given by the mouth, an interval of half an hour is desirable, on account of the slower action of the drug when administered in this way. In cases where distinct prodromata, with which the patient is familiar, enable him to predict a chill, these will indicate when the medicine should be taken. In cases where there are no prodromata, it will be necessary to approximate, judging from the hours at which preceding chills have occurred. In those instances in which paroxysms come on at odd times, without any regularity, the patients may be advised to carry powders about with them, taking one whenever an attack seems impending. It is in this last class of cases that the administration by the mouth is especially convenient; the patient can have always with him a remedy which he can use at a moment's notice.

It is well to assist the action of the pilocarpin with warm coverings and a warm drink; it is noticeable that unpleasant salivation is least apt to occur in those cases in which diaphoresis is prompt and easy. Should the sweating cause the patient to feel cold and fatigued, a stimulant may be administered with propriety. In one case in which profuse diaphoresis continued longer than was desirable, it was checked promptly and without unpleasant symptoms with atropinæ sulphat., gr. 1-96th, administered hypodermically.

The advantages of this addition to the therapeutics of intermittent fever are sufficiently obvious. The physician, called to a patient in a chill, can at once give him relief. If the chill has just begun, the administration of pilocarpin will in most cases cause the paroxysm to abort, there will be no hot stage, and the patient will escape the exhaustion incident thereto; if the chill has been in progress for fifteen or twenty minutes before the pilocarpin is given, it will be cut short, and many of the patient's disagreeable sensations dispelled; but some fever will generally follow—this, however, will not range so high nor last so long as it would have done without treatment. In either case the tendency to the occurrence of another paroxysm will be much less than if the first had been allowed to run its course without interruption. Quinine may now be given, but need not be pushed to the induction of absolute cinchonism; for, if another chill should threaten to occur, it could with certainty be prevented with pilocarpin. In this way the patient escapes the unpleasant effects of large doses of quinine, the fever being none the less effectually cut short at once; paroxysms not being permitted to occur, exhaustion is avoided, and convalescence is easy and rapid. In cases where quinine, through idiosyncrasy, is contra-indicated, it may be left out of the treatment altogether, and entire reliance be placed upon pilocarpin. A large majority of cases of intermittent fever terminate without further treatment after the thor-

ough abortion of a single paroxysm with pilocarpin; very few cases indeed, not five per cent., will continue long enough to require a third use of the remedy. One great advantage is that pilocarpin need not be used blindly; it is required only when a paroxysm is felt to be on the point of developing. If the necessity for the medicine does not present itself, the patient may be spared the inconvenience of taking it.

The power of the pilocarpin to cure intermittent fever entirely, by simply anticipating and preventing the occurrence of one or two paroxysms, is greater and more striking than will easily be believed by those unaccustomed to its use. I have histories of four cases which have already resisted quinine and other approved anti-malarial remedies for periods varying from two to four weeks, but which terminated after the decisive control of a single paroxysm with pilocarpin. The most recent of these recoveries took place three months ago, yet a relapse has not occurred in a single instance.

Vague and ill-defined malarial manifestations, headaches, neuralgia, etc., are very successfully treated by the administration of pilocarpin a few minutes before the time for their occurrence; the effect will be most satisfactory when the disturbance in question is attended with some rise of temperature, and is distinctly periodic.

No good results seem to follow the administration of pilocarpin during the hot stage; its efficacy appears to be limited to its power to prevent or break up that primary disturbance of the circulation which ushers in a paroxysm. It acts quite as well, however, in cases where the cold stage is not marked, if it is given early enough to produce diaphoresis before the fever is well declared.

After having witnessed its administration in nearly a hundred cases, the author feels justified in asserting that, in the doses required in intermittent fever, the action of pilocarpin is unattended with danger or discomfort; this assurance is certainly not superfluous, in view of the fact that many good authorities hold that its use in uræmic coma and convulsions (in which connection it is most familiar to the profession) has been followed by serious cardiac depression and pulmonary oedema.—GASPAR GRISWOLD, in *New York Med. Jour.*

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## THE TELEPHONE AND MICROPHONE IN AUSCULTATION.

BY C. J. BLAKE, M.D.

It is too soon to have forgotten the enthusiasm which greeted the first publication of the electrical transmission of articulate sounds as made possible by the invention of the telephone, and the interest which was awakened in the medical profession in anticipation of its value in auscultation, and especially for the purposes of clinical demonstration—expectations which were still further encouraged at a later day by the results of experiments made almost simultaneously by Mr. Berliner, of Boston, and Prof. Eli W. Blake, of Brown University, in this country, and Prof. Hughes, in England, and published to the world by the latter in the various forms in which the discovery was demonstrable, as the microphone.

It is now more than four years since the introduction of the telephone, and more than two years since the appreciation of the full value of the "broken circuit" in connection with the telephone for sound transmission; in addition to the various forms of "transmitters" which are used on telephone lines, and which are in fact microphones, differing only in the mechanical devices for reception of the sound waves and adjustment of the contact surfaces, several forms of microphone have been constructed especially for purposes of auscultation, but none have as yet, even in a slight degree, answered this purpose. Setting careful investigation of their capabilities aside, this is sufficiently evidenced by the fact that none of these instruments have come into general use.

That, with numerous experimenters in the field, nothing in this line of research has been satisfactorily, practically accomplished awakens the question by those who await results as to why it has not been done, and it is an endeavor to answer this question which forms the basis of this paper, in which I shall have to apologize for partially retelling a twice-told tale in explanation of experiments bearing upon this subject made at different times during the past four years, at first with the hope of devising an auscultation telephone and microphone, and finally for the purpose of determining the reasons for the want of success in this attempt.

Having failed at one end, it was necessary to begin afresh at the other; this I am inclined to think has been the experience of other investigators of this subject, and as achievement is so often, finally, the result of the study of apparent impossibilities, it is to be hoped that a practically useful auscultation microphone may yet be devised. When the discoveries of the telephone and microphone were first announced, some very enthusiastic gentlemen went so far as to predict that telephonic consultations would be held, and that eminent special practitioners, who "listened to the heart-beats of a nation," as a matter of business, would each settle themselves down in the centre of a web of wires and auscult at indefinite distances from the patients; the general argument being that an instrument which could make audible the foot-fall of a fly or the rustling of a camel's-hair pencil could certainly transmit at their full value the sounds from within the chest cavity which are so loudly heard in the stethoscope. But little of that knowledge of the practical working of the telephone over the lines in use for purposes of ordinary communication, which came with the general introduction of the instrument, was necessary to prove the baselessness of this scheme; the very delicacy of the telephone in its susceptibility to interrupted currents and its almost fatal propensity—if such an expression may be used—to pick up sounds that did not belong to it were enough to show that it could not be used for so delicate a purpose as auscultation over any circuit of sufficient length to expose it to the influence of other electric currents. The first experiments, begun in 1877, were therefore made over a private wire, extending a distance of about eight hundred feet from one house to another, overhead, isolated as far as possible from other wires, the nearest overhead wire being six feet distant, but having a ground connection; the telephones used were the ordinary hard-rubber case-hand telephones, Bell. The telephone was placed upon the bared surface of the chest, the mouth-piece of



the telephone being pressed upon the surface, the auscultant listening at the second telephone at the other end of the line. The experiment was several times repeated with the telephone upon different portions of the chest, and with varying degrees of pressure; with exception, in one instance only, of the suspicion of a barely perceptible "thud," no sound which could be referred to the heart as its source was heard, although with the telephone in this position the voice and words of the experimenter could be heard by the auscultant.

There could also be plainly heard, in consequence of the ground connection, the snapping and crackling noises indicative of earth currents, the clicking of the Morse instruments, and the sound of a "fast speed transmitter" on the Western Union lines running along the Providence railroad, and the ticking of the clock connected with the Observatory in Cambridge. It was very plain, therefore, that even if the heart-sounds could be transmitted they would be drowned by extraneous noises, and the experiment was repeated by making the auscultation in the same room with the patient, the two telephones being connected by the short flexible wires, about three feet long, in common use. Even under these favorable circumstances no sound originating in the chest cavity could be heard.

Disks of postal-card paper, having small disks of iron in the centre, were substituted for the metal disks of both telephones, but with no better results, and the experiments with the telephone alone were abandoned.

The introduction of the microphone awakened new interest in the possibilities of auscultation, and a series of experiments was instituted with various forms of this instrument, the Bell telephone being used as a receiver.

Guided by former experience, a short line without ground connections was always used, and the microphone was placed either directly upon the chest or upon a small box of proportions suitable to its action as a resonator for very low tones. In no instance were sounds heard in the telephone which could be referred to the heart or lungs as their source, but there could be distinctly heard rubbing and rustling noises resulting from the contact of the microphone apparatus with the surface of the skin and the small hairs upon it; and when the microphone was held in the hand, a short distance above the surface of the chest, noises could be heard which could be referred only to the disturbance of the opposing microphonic surfaces in consequence of the slight involuntary movements of the hand. Auscultation of the tracheal respiration was also attempted, with the same results. Of the various forms of microphone used in these experiments one was the transmitter invented by Mr. Francis Blake and used by the National Bell Telephone Company; another a microphone having a carved membrane, modeled upon the human membrana tympani; and a third a common form of microphone, but arranged with an adjustment which seemed to fit it particularly for the transmission of low tones. In order to test the capacity of the latter instrument in this respect, a resonator was turned as near as possible to the pitch of the first beat of the heart (in this case a tone of about 170 v. s.) and placed upon the microphone. On blowing into the resonator forcibly, and thereby giving a tone much louder than that of the heart, there could be heard in the

telephone a rushing sound of comparatively high pitch, but no fundamental tone of the resonator.

A large tuning-fork of the same pitch, set in vibration and held over the microphone, or placed upon the table at a short distance from it, was distinctly heard.

It seemed, therefore, that the microphone would not transmit audibly tones as low in pitch as those of the heart-beats unless they were of considerable intensity; in other words, the volume of sound from the heart would need to be greatly increased, or its pitch considerably raised, in order to make it audible by microphonic auscultation with any present apparatus. The susceptibility of the microphone, moreover, to movements causing slight disturbances of its contact surfaces and the correspondingly loud noises induced in the telephone present a very serious difficulty in the way of auscultation.

In other words, for successful auscultation a microphone must be constructed which will respond only to very low tones of slight intensity, the contact surfaces of which shall not be subject to slight mechanical disturbance, and the adjustment of which shall be fairly permanent. In view of the work in electrical sound transmission during the past four years, no one would be so rash as to assert that these conditions cannot be fulfilled.

The reasons for the failure in auscultation as above stated, are :

(1.) In the telephones, the very considerable loss of power in sound transmission. In a series of experiments made for another purpose in 1878 it was found that in response to a tone of 448 v. s. the centre of the disk of the transmitting telephone, without the magnet, moved through a space of 0.2625 millimetre, while the disk of the receiving telephone made a corresponding movement of only 0.0135 millimetre, a loss in motion of 92.9 per cent. between the two telephone disks. With so great a loss by telephonic transmission in a tone of considerable intensity, it is claimed that the proportion of so weak and dull a sound as that of the heart, its overtones damped by transmission through soft tissues, given forth by the receiving telephone, would be inaudible to the human ear.

(2.) While the telephone creates its own current of electricity, a certain proportion of the working force which moves the disk of the transmitting instrument being expended in this operation, the microphone takes a current already provided by a battery, and merely varies the amount of the current passing from one to the other of its opposing contact surfaces. The whole of the motive force, therefore, generally speaking, is expended in varying the resistance. With this great saving the instrument is much more susceptible to very slight sounds, but it is also fatally susceptible to the influence of very slight mechanical movements which vary the relations of the contact surfaces to each other, thereby varying the amount of current passing, and producing corresponding sounds in the telephone. These sounds are usually very loud and sharp, and interfere materially with the hearing as well as with the transmission of regular musical tones. It may be briefly put that for the delicate purpose in question the telephone transmits too little, and the microphone, in any of its present forms, transmits too much.

Several auscultation microphones and sphygmophones have been constructed in France and Germany. I have had no opportunity to experiment with them, but from the details of their construction they do not differ essentially from those used in these experiments, and I should judge them to be open to the same objections.—*Boston Med. and Surg. Journal.*

## PROLAPSE OF THE OVARIES—PELVIC HÆMATOCELE.

A CLINICAL LECTURE BY WM. GOODELL, M.D.

*Prolapse of the Ovaries.*—The ovary is a follicular gland, and its normal size and shape is about that of an almond. These ovaries are congested at every menstrual period. It may very properly be said that a woman is a woman because she has ovaries, and not because she has a womb. Many diseases of the womb can be traced to the ovaries. The symptoms of a prolapse of one or both of the ovaries are somewhat as follows: the woman has pain in the region of the womb and tenderness in the groins. The physician will notice a small round tumor in her vagina, which gives rise to a most sickening sensation when pressed. These tumors may vary in size, all the way from the normal size of the ovary to that of a large apple. When a prolapsed ovary is of very great size, there has usually been some cystic degeneration.

This accident (prolapse) is the opprobrium of gynecologists. Thus far no positive and permanent cure has been discovered. Floating about, as the ovaries do, in the atmosphere of the abdomen, the only wonder is that they do not prolapse more frequently. The abdomen, however, is so tightly packed with the viscera, that dislocations of the organs contained in it are quite rare.

The treatment of prolapsed ovaries is, as I have just remarked, often exceedingly difficult. The worst features of the condition are generally the mental symptoms. We may put our patient in bed and subject her to a routine treatment by massage and galvanism. Ovarian troubles very often depend upon some defect of nutrition, the best remedy for which is that set forth in Dr. S. Weir Mitchell's book on "Fat and Blood, and How to Make Them." I have obtained the most remarkable cures by the continued employment of the different items of this treatment. In this case there is no cystic degeneration; the ovaries have simply become congested and fallen behind the womb and into Douglas' pouch by their own weight. There is another cause of inflammation of the ovaries in which treatment is hopeless. Such is the case where ovaritis has been brought on by gonorrhœal poison. This infection runs through the mucous membrane of the vagina and womb, and finding its way out through the Fallopian tubes, brings on peritonitis, ovaritis, or pelvic cellulitis. A woman suffering from ovaritis may be permanently sterile. This is only the case, of course, where both ovaries are diseased. If one ovary escapes, the woman may become pregnant, and so obtain a rest for a space of nine months, during which time the other ovary may be able to regain its health.

What is to be done in this case? As far as medicines are concerned,

I shall order the patient ten grains of the muriate of ammonia, with one-twelfth of a grain of the bichloride of mercury, thrice daily. The muriate of ammonia may also be given with the *mistura glycyrrhizæ composita*. The antimony and paregoric in it are also very excellent remedies. I sometimes give small doses of tincture of aconite, two to five drops at a time. In this case the patient has been very much relieved by the use of pessaries (pessaries generally give great pain). Indeed, I think the patient has escaped very easily. The bend of the retroflexed womb has acted as a prop and prevented this organ from squeezing the prolapsed ovaries.

What is to be said as to the performance of ovariectomy for the relief of this prolapse? The operation would be easy, owing to the position of the ovaries, but the small amount of pain and the general good condition of the patient, thus far, render ovariectomy entirely unnecessary. The hard-rubber pessary which I have used has acted as a shelf to hold them up. An examination in this case shows me that the cervix is slightly lacerated, and that there is a slight erosion of the mucous membrane; the fundus of the womb, too, is very tender. I will treat these conditions by an application of carbolic acid.

*Hæmatoma in Douglas' Pouch.*—This woman is forty-two years old and married. She has had no children, and has suffered from a great deal of dysmenorrhœa at each monthly period. Now what do these things suggest? A flexion of the neck of the womb, of course. She tells me that she has been suffering in this way ever since she was seventeen years old. Early in her eighteenth year she consulted a physician for her dysmenorrhœa, and he did something to enlarge her cervical canal. The operation greatly relieved her. She says, by the way, that she menstruates every three weeks. Just about three weeks ago she had, one day, a violent pain across her stomach. Soon after this was a strong desire to defecate, which could not be satisfied. Since that time she has had constant pain, and has always felt a tumor internally. She came to me as a case of tumor of the womb. I am inclined, at first sight and without questioning the woman, to doubt that statement, and rather consider the case one of pelvic cellulitis or pelvic peritonitis. The text-books say that these are two distinct diseases, but I am led to think them, if not one and the same disease, at least very hard to separate. The cellulitis is very likely to, in fact, always does, involve the neighboring folds of the peritoneum. From what the woman tells me, I am inclined to put my first suspicions entirely out of the question and say that I believe the patient has had a hemorrhage into Douglas' pouch; that immediately after the hemorrhage the pouch bulged and so gave rise to the desire to defecate. She was sick a day or two after this pain, and the flow was very abundant. I can feel the tumor on the right side, and can move it slightly. Let me make a rectal and vaginal examination. First, let me pass my finger into her vagina. I feel two tumors, one behind and one before. The tumor in front is not painful. The diagnosis is puzzling. I think the tumor in front is the womb. I can very easily determine this point by passing a sound. Yes, my sound passes in and shows the womb to be of normal size. But how about the other tumor? What is that? I can move it much more than I could were it cellulitis. Undoubtedly there has been an effusion of blood into Douglas' pouch, which effusion has

produced a slight pelvic peritonitis. When blood is effused into and confined by a shut cavity, the peritonitis or septicæmia is never so universal as it otherwise would be. By passing my finger into the rectum I am able still more clearly to fix the seat of the tumor, and at the same time note the fact that the rectum is greatly flattened. It requires some force to pass my finger through the flattened portion; now I have done so, and I find the tumor filling the position of the pouch, hard and immovable. We know that Douglas' pouch is lower on the left than on the right. In exact accordance with this fact I find that the tumor is lower on the left than the right side. Pelvic hæmatocele is sometimes exceedingly serious. What is the cause of it? At the same time of the monthlies the Graafian follicle may burst before the fimbriated extremity of the Fallopian tube is in relation to receive it, and so blood escapes into the abdomen and gravitates into the pouch. Or there may have been a retention of fluid at the monthlies which was forced from the womb into the Fallopian tube, and so out to Douglas' pouch. Sometimes, you know, extra-uterine foetation occurs; in fact, there may be hemorrhage into Douglas' pouch from many causes. I believe that hæmatoma in Douglas' pouch occurs frequently without our knowledge.

How are we to treat this pelvic hæmatocele? It may happen, as I have just said, at a monthly period, and is attended with pain and collapse. Of course, we must make a vaginal or rectal examination as soon as we see the case. We find, perhaps, an obscure fluctuation in Douglas' pouch; the blood is lying loose there, and has not yet, it may be, entirely congealed. The patient must be kept absolutely quiet, and astringent drinks, such as sulphuric acid, lemonade, etc., administered. Opium enough should be given to lull the pain and keep the patient thoroughly quiet. For a number of hours following the attack very slight nourishment should be given. Stimulants should be refrained from, and the patient kept as low as possible until all immediate danger from peritonitis has passed away. If the woman is married, her vagina should be packed with ice; if a virgin, the ice had better be placed outside.—*Clinical Record.*

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**Acute Tonsillitis.**—We extract from article in Western Lancet the following: "I cannot too earnestly impress upon you the value of free scarification in cases of this kind. It is a simple procedure which at once relieves the dangerous congestion and inflammation, and affords the patient decided comfort. All that is necessary to be done is to take a sharp-pointed instrument, like a tenotome or bistoury, and puncture the parts or make a few superficial incisions. Having depleted the parts thoroughly, we then make free use of ice, both internally and externally.

**Night-Sweats.**—A writer in the Thearapeutic Gazette says: "The latest remedy for the night-sweating of phthisis is muscarine, obtained from the agaricus muscarius, fly agaric or fly fungus. It is said to answer admirably. There are few better remedies than picrotoxine taken in the form of pills, gr. 1.60 every night at bed-time.

**Prolapsus Ani in Children.**—Dr. Basevi (Giornale Internazionale delle Scienze Mediche) employs the following treatment in chronic cases: He first cauterizes slightly the protruding portion with nitrate of silver, and then reduces it, administering afterward, with the view of checking any tendency to enteritis, an enema of tannic acid, alum, and ice-cold water. Should this treatment prove insufficient, the child is placed on a bed with the nates upward, and steadied by two assistants, one of whom fixes the upper part of the body, while the other holds the knees elevated and somewhat abducted. The prolapsus having been reduced, the nates are brought together, and two strips of diachylon plaster, each about two inches wide, are passed from one trochanter to the other in as close proximity as possible to the perineum. To keep them in place, a spica bandage is applied around the lower portion of the body, and a piece of gutta serena is added to protect the plaster from the contact of fecal matter. It is said that the apparatus can be left in position for two weeks. Cases of prolapsus ani in children that have, from want of attention, become chronic, are very unsatisfactory as far as treatment is concerned, and those physicians who expect a cure of such by the application of any one of the numerous astringent washes, or even of nitrate of silver, or any of the acids, will be disappointed in the majority of cases, unless strict attention is paid to keeping the child absolutely quiet, and the parts at rest.

It strikes us that the plan recommended by Dr. Basevi is a good one, and that the advantages to be gained from it are many.—*J. M. M. in Medical Herald.*

**Microscopical Examination of Vaccine Virus.**—We find in the "Proceedings of the Medical Society of the County of Kings" an interesting report by the committee on Hygiene, on the "causes of alleged failure and bad results following vaccination." Dr. N. B. Sizer, of the committee, gives the following results from the microscopical examination of vaccine virus; 58 specimens were examined:

- 20 Fresh Lymph.
- 1 Cone.
- 15 Ivory slips, charged by Dr. S.
- 20 Ivory slips, commercial charging.
- 2 Crusts.

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In twenty specimens of fresh lymph only three contained the shining micrococci, (so-called vaccine corpuscle). In eleven out of the twenty, despite care, red blood corpuscles were detected, absent *only* when the *spontaneously exuding* lymph alone was used. Any attempt to increase the yield by pressure or manipulation being followed by slight hemorrhage, perhaps microscopic only. Of the 15 slips charged by Dr. Sizer, Nos. 1 to 5, inclusive, charged with freely exuding lymph, contained no red blood cells. Nos. 6 to 15, where slight pressure was used, *all showed red blood cells*. Twenty slips, from various sources, showed eight with red blood cells, one a *humanized slip*, contained blood enough to show a pink color.

The cone was composed largely of *debris*. The following conclusions were reached:

1. The presence of blood in vaccine virus is easily detected by the microscope.
2. Blood is a frequent contamination of commercial lymph in a dried state.
3. Its presence is probably due to an effort at obtaining as large a portion of lymph as possible.
4. Its presence is highly dangerous in humanized lymph, but probably of no account in that from the calf.
5. The "so-called vaccine corpuscle" has not been found in quantity or at times sufficient to render it undoubtedly a specific appearance due to vaccine. It appears to be merely a micrococcus.
6. Vaccine cones as now offered in the market are undesirable forms of transmitting lymph.

Crusts which were examined consist largely of necrosed tissue. Probably only the thin, transparent to player, is usable.—*J. B. M., in Medical Herald.*

**Pneumatic Apparatus in Chronic Lung Diseases.**—When we consider that this method has been in vogue for only two years, its universal acceptance, and that from ten to fifteen per cent. of the entire population of the earth is carried away by chronic lung affections which prove so unmanageable, it is surprising that it was not adopted years ago. Different climates to suit different conditions of pulmonary diseases are urged by all. Warm, moist, dry, rarified and compressed atmospheres are agents that come in use to influence the physical conditions of our patients. According to each special case, we may select a climate where one or more of these agents come into action. By means of the pneumatic apparatus, we are not only able to produce at any time compressed, rarified, warmed and moistened air for our patients to inhale, but we can combine this mechanical with a local medicinal treatment, by passing the current of compressed air before it is inhaled through a flask partly filled with a medicated solution. At present, the following modes of treatment with the apparatus are practiced:

*Inhalations* of compressed air in cases of congestion of the lungs, stenosis and insufficiency of the mitral valve, chronic bronchitis, pleuritic residues and asthma. *Exhalation* in rarified air in all cases where the elasticity of the lungs and contractility of the chest are lost or impaired, emphysema, paralysis of the muscles of expiration, poisoning from carbonic oxide, etc. *Inhalation* of rarified air to exercise and strengthen the lungs and muscles of respiration in incipient consumption and predisposition to this disease. *Inhalation* of medicated compressed air in chronic bronchitis, etc. *Inhalation* of compressed air with exhalation in rarified air combined. This method has been found very useful in cases of emphysema complicated with chronic bronchitis. This method has all of the advantages of climato-therapy, without many of the discomforts often necessary to attain it.—Dr. A. E. Brune, of Sacramento, in *Pacific Med. & Surgical Journal*, August, 1880.

**New Method for Withdrawing Fluids from the Middle Ear.**—Dr. Charles Denison, of Denver, Col., states (in the Rocky Mountain Medical Review) that last winter, in the act of blowing his nose—having a cold at the time—catarrhal or other secretion was forced through the Eustachian tube into the middle ear, causing pain which was not relieved by the usual palliative measures. The experiment which gradually overcame the difficulty was this: Attaching the flat nozzle used with Pollitzer's air bag to the exhaust bottle of his aspirating apparatus, he first exhausted the air from the bottle, and then compressing the alæ of the nose, with the nozzle introduced so as to wholly exclude air from without, he closed his throat as in the act of swallowing, and kept it so, and at the same time directed the stop-cock to the vacuum bottle to be turned on. The effect of thus transferring the vacuum to the middle of the head was decided, seeming to draw everything inwards towards the pharynx and nasal passages, creating a temporary congestion of those parts. But the pain in the ear was perceptibly lessened by the experiment, and on its repetition finally wholly disappeared. He thinks that the effect was mechanical, and that a small portion of the fluid was probably drawn into the Eustachian tube at each operation. Since that time he has tried the experiment in practice as opportunity has offered, and mainly with results similar to those above mentioned. In one instance, he believes the stage of suppuration had set in, for he intended to puncture the membrana tympani the next day after this operation had been tried. But the patient did not return, and he found some time afterwards that improvement had continued from that time till she wholly recovered.—*Va. Medical Monthly.*

**Clover Tea for Cancer.**—This is not a new remedy, but it is one capable of doing good in some cases. At the request of a noble woman, who for years has suffered the agonies of cancer, and who has been greatly benefitted by this remedy, a writer in the Medical News wishes to re-awaken an interest in its use. She says: "The clover tea has done wonders for me. My appetite is now good, my general health greatly improved, and the wound is healing. For seven months I have had to take morphia, and its unpleasant effects had become great. My pain having so much diminished under the use of the clover tea, and my general health having gotten so much better, I determined to give up the morphia, and have gotten on comfortably without it. If my experience will save one poor suffering fellow creature a single pang such as I have suffered, I will thankfully bear my cross, and rejoice that through me a remedy has been found which will give relief, if not a cure, for cancer. The tea should be made as tea is made for table use, strained, and taken before meals and at bedtime, about a quart daily. The blossoms of red clover should be used.

A fluid extract has been made, of which the dose is a tablespoonful thrice daily.—*Va. Medical Monthly.*

**Tea as an Antidote to Opium.**—I have already published some remarks in the Dublin Medical Gazette, and also in the London Lancet, on the wonderful effects of tea as an antidote to opium. One of the first cases in which I had recourse to tea, was that of a lady who had taken a quantity of Batting's "black drop," so enormous that I



am almost afraid to mention the amount fearing that it may not be credited. However, as I had no reason to doubt the facts represented to me at the time, the quantity taken of the above named drug between 4 p. m. and 11 p. m. of a certain day was, as far as I can remember (having lost my note), 3 xxviii, or 3 ij every half hour for seven hours. But, let the dose be what it may, we have chiefly to do with its effects. At eleven o'clock she had a severe convulsion; at 11:30 or thereabouts I saw her, and found her in the following condition: Extremities perfectly cold, no pulse at the wrists, face pale, drawn, and cold, pupils contracted to a pin's point, and her respiration three in two minutes. To all appearances she was dying, but, being the wife of a medical man, and he absent, I sent for my colleague, Dr. Jackson, who arrived about midnight, and gave it as his opinion that she would not live ten minutes. While the messenger was absent for Dr. Jackson, I caused a strong infusion of green tea to be prepared, of which I administered half a pint as an injection. In twenty minutes, to my astonishment, as well as that of Dr. J., we could just discover the pulse at the wrist. There was the slightest tinge of red in the lips, while the respiration was *six in one minute* instead of *three in two minutes*. Encouraged by these wonderful results, another half pint was given at half-past twelve, after which she improved rapidly, so much so that at four o'clock in the morning she said to me, "please light the gas, I know your voice but cannot see you." The sun was shining brightly into the room at the time. I have been asked, "Why did you not give an emetic?" I answered, because I conceive no emetic would have had any effect on the paralyzed condition in which we may presume the stomach was after having received the enormous amount of opium above mentioned. I have also been asked why I did not use the stomach pump? Answer, because I do not always take a stomach pump with me when I go out at night, but chiefly because I could see no advantage to be derived from this instrument, seeing that a very large portion of the poison had already been absorbed, and was now doing its fatal work. Moreover, I believe the attempt to introduce the tube in the prostrate state of the patient would have probably caused her death then and there. The remedy I think should always be administered by injection, as it is more likely to be quickly absorbed by a healthy bowel than a paralyzed stomach. Of course theine and caffeine would act probably quicker than the simple infusion, but the former remedies are not always at hand, while the tea is. The opium in this case was taken to relieve the pain of angina pectoris.—*Dr. Swell in Canada Medical Journal.*

**Points in the Surgery of the Urinary Organs which Every Practitioner Ought to Know.**—Teevan, in a paper recently read before the Harveian Society of London, called attention to the following points:

1. Retention of urine in children is always caused by stone, unless there is some mechanical obstruction to the escape of urine, such as a contracted meatus or foreskin.
2. Incontinence of urine, when diurnal as well as nocturnal, may be caused by a calculus impacted in the deep urethra. A stone would thus, in the one case, give rise to retention, and in the other to incontinence, for the reason that when in the bladder and at the *meatus in-*

*ternus* it caused contraction of the sphincter which closely embraced it ; advancing farther for half an inch down the canal, it acted as a gag preventing the contraction, and allowing the urine to dribble away by its side.

3. Incontinence of urine in boys may be caused by a congenitally contracted meatus, preventing the free escape of urine and setting up reflex action, resulting in the dribbling.

4. Dribbling of urine in men signifies retention, not incontinence. There is at first retention, until the bladder is overfilled, when gradually the obstruction is overcome by contraction of the bladder-walls, and then there is dribbling, the bladder still remaining distended.

5. When a catheter is introduced, if the urine is expelled with violence and pain, not only through the instrument but along its sides, between it and the urethral walls, there must be a calculus impacted in the deep urethra.

6. It is not possible to empty the bladder completely in every case, for the reason that it may be sacculated.

7. A gleet of more than six months standing implies an incipient stricture.

8. In cases of enlarged prostate, suspect a stone, for the reason that all the conditions necessary for its formation are present.

9. When a man, complaining of a frequent and painful micturition, is worse during the day than at night, he most likely has stone. In prostatic cases of frequent and painful micturition, the patient is much worse during the night. Calculus cases are most comfortable in bed; when they move about during the day they have pain from the movements being impressed on the stone.

10. When a man, complaining of frequent and painful micturition, is worse when riding on horseback, or in a vehicle, suspect stone, the reason being the same as just above.

11. See that the bladder of the woman in labor is empty before delivering the child.—*Western Lancet*.

**Action of Sugar on Calomel.**—From time to time notes have appeared in various journals, warning against the changes said to be produced in calomel by sugar and various other substances with which it is often prescribed; while many therapeutists advise that so long as calomel is being taken, no salted food or acid drink should be allowed. M. Verne has submitted these views to the test of experiment; he made various mixtures of calomel with common salt (in solution), beet-root and colonial sugar, solution of citric acid, etc.; these he examined at the end of periods varying from 3—15 days. Although at the end of these intervals the mixtures he experimented with showed to the eye slight traces of change, chemically he could find no evidence of the presence of corrosive sublimate, or of any soluble salt of mercury. He refers such accidents as have been reported chiefly to impurities in the drug; as supplied to the chemist, calomel is usually, to some extent, impure, and should always be washed with distilled water and alcohol. The danger of giving acid drinks with calomel is purely theoretical; it was proved that the latter, when exposed for fifteen days to the action of a 20 per cent. solution of citric acid, underwent not the slightest alteration. M. Verne concludes that the sub-chloride of mercury is a

much more stable salt than is generally supposed; it is, in fact, more stable than corrosive sublimate, as solutions of the latter, when exposed to light and the influence of various organic substances, deposit calomel. Non-coagulated albumen, however, at the temperature of the human body, reduced calomel rapidly and easily, transforming it into a slightly soluble albuminate. Neither common salt nor sea salt, at 40° C., had any action on calomel, either when used alone or in the presence of albumen.—*Medical News and Abstract.*

**Hypodermic use of Quinine.**—Dr. Whittaker (in *Lancet and Clinic*) says: "I have, in practice, entirely discarded all vehicles except water, and rely solely upon heat to obtain a perfect solution. I have the druggist put into a test tube twenty grains of the bromide of quinine and add to it two drachms of water. The tube should be corked, not to preserve the substance, for it is still crystalline in this proportion, but for cleanliness. To use the drug, all that is necessary is to heat the tube over a gas flame, coal oil lamp, or other means of illumination. The tube should be held above the light, of course, and not in it, that it be not smoked, and hence rendered opaque. Two or three minutes suffice to reduce the quinine to limpid, crystalline fluid in the tube. Thence it is poured, then, in sufficient quantity into a teaspoon, previously warmed by holding one minute over the flame, and thence from the spoon it is taken up into the syringe, warmed also in the same way, and is ready for use, which must be immediate. It may be injected anywhere, but always *under* and never *into* the skin. The ordinary syringe contains half a drachm, and this introduces about five grains at a time.

I have never known a patient to object to the introduction of the needle for the injection of ten or fifteen grains, if need be. The whole operation, no previous preparation being necessary, occupies about five minutes time, not a tithe of that often consumed in irrelevant conversation.

**Erythoxylon Coca on the Opium and Alcohol Habits.**—Dr. Bentley, in *Therapeutic Gazette*, reports the following cases:

Miss M., a sprightly, intelligent blonde, æt. 30. I had been acquainted with her for 15 years, and for several years of our early acquaintance, when the family lived near me, was her father's family physician. In June, 1878, I accidentally met her on a train. Eight years previous she had a protracted attack of pneumonia, during which she contracted the habit of using morphine, which she still retained. These facts were well known to me, so I took occasion to ask her if she had left it off. She replied in the negative, and told me that she then required 10 grs. twice a day. She had tried nostrums and had visited some advertising quack in another State, to no purpose. I then suggested the erythoxylon, fully explaining its action. The result was I prescribed a pound for her. I received a note from her when she had used this. She was much encouraged, and had ordered two pounds more. This quantity completed the cure. I saw her recently, when she assured me that she had no desire for morphine.

Case 2. July, 1878, was called to a case some 15 miles distant, and nearly all the way "in the hills." I was quite astonished to find about

one-tenth of an acre in poppies. On enquiry, the lady of the house, a widow, æt. 40, told me that she was an "opium eater," to use her expression, and that she used her own opium. From what I could learn, she used about half a pound of the drug a year. I persuaded her to give up the habit. She declared that she could not. She agreed, however, to try, so I sent her  $\frac{1}{2}$  lb. fld. extr. coca to begin with. When used, she sent for half the quantity, stating that she thought it would complete the cure. I sent her a half pound. She sent me her opium crop that winter, with the message that the medicine had cured her.

Case 3. An aged lady, æt. 72. She had been addicted to the habit for 35 years. I persuaded her to try the coca. She was then taking  $\frac{1}{2}$  drachm doses of opium three times a day. She said she felt sure she would be unable to leave off the opium, but as she was wealthy and extravagant, she readily consented to try the coca. She procured two pounds on my prescription, and began its use. The progress of the case is rather amusing. She uses one for a time, and then resorts to the other. Sometimes she does not taste opium for a fortnight, using the coca during the time, then she returns to her opium, and thus she alternates. Her doses of opium have been reduced, to as little, I think, as 10 grs., and her general health has greatly improved. Before using the coca, she was a great sufferer from duodenal dyspepsia. She has so far improved, in this respect, that she rarely suffers in this particular, and it is a wonder, too, for she is a ravenous feeder, and as fond of "cake and pastry" as a child, and, withal, uses a great deal of wine.

Case 4. An unmarried man, æt. 27. Contracted the "opium habit" five years previous to using the coca. Had become a great slave to morphine. June, 1879, I put him upon coca. He ordered three pounds at the beginning. In October following, I met him, and he assured me that he was entirely relieved of the habit, and had one pound of his medicine left.

**Treatment of Scarlet Fever by Warm Baths.**—The following communication from W. Vawdrey Lush, M.D., physician to the Dorset County Hospital, appeared in *The Lancet*, Aug. 14, 1880:

In Dec., 1869, while we were experimenting with a very severe epidemic of scarlet fever, there appeared in *The Lancet* a reprint of a letter by Dr. Charles T. Thompson, strongly advocating the use of warm baths in this disease, and stating that he had pursued the practice for fifteen years, and had never lost a patient.

In consequence of this communication, I commenced this practice ten years ago, and have followed it from that time to the present. At first I ordered the patient to have three warm baths daily, to be kept in from three to five minutes, rapidly dried, wrapped in a blanket, and returned to bed. As the disease subsides, I reduced the baths to two or only one daily. I find that—1st, it brings out the rash; 2d, reduces the temperature; 3d, soothes the patient; and when this treatment has been adopted at the outset, I have as yet not lost a single patient.

In one case the warm bath was objected to till the child had been ill several days, and this case, and this alone, proved fatal.

My friend, Dr. Alfred Hollis, of Freshwater, has told me of the

great comfort he himself experienced from warm bathing when suffering from the disease; and, of course, in the treatment neither medicine proper nor good nursing is precluded.

Some of my readers may recollect a case of small-pox published by the late Dr. Stokes, of Dublin, where the warm bath proved singularly beneficial, and who doubted not that the mortality in small-pox hospitals would be greatly diminished by the use of the bath. The case I refer to was that of a medical student, in which "the postulation was almost universally confluent; the purulent matter highly putrescent; the hemorrhagic state developed, the body one universal ulcerous sore, and the blackness of the worst purpura developed; the odor of an intensely pungent and offensive character, which seemed to pass through the bystander like a sword. Stimulants alone, freely and constantly employed, seemed to preserve the patient alive. The pulse was rapid, weak and intermittent, and for several days life was despaired of. At this juncture, Dr. Stokes happened to describe the case to his colleague, Mr. Smyly, who suggested the trial of the warm bath. Pillows were adjusted in one, the patient placed in it, and the effect was instantaneous and marvelous. The delirium immediately ceased. The patient exclaimed, "I am in heaven! I am in heaven! Why didn't you do this before?" He was kept at least seven hours in the bath, brandy being freely administered, and removed to bed. The bath was repeated the next day, after which he fell for the first time into a tranquil slumber. From this time recovery was progressive."

This may seem a digression; but the treatment of another of the exanthemata by similar means is not inapposite.

My ten years added to Dr. Thompson's fifteen make twenty-five years' experience of a treatment which I can confidently and heartily recommend. *Mich. Med. News.*

**Hot Rectal Douche.**—Dr. Chadwick, of Boston, in a paper before the American Gynecological Society, "Recommended the use of hot rectal douche for arresting diarrhoea and abdominal pain, and for pelvic inflammations of all kinds. Hot water thus brought into the abdominal cavity will encircle the whole mass of pelvic organs and produce a wonderful effect upon inflamed organs. After citing a number of cases, the Doctor remarked: "The water should be as hot as the hand can endure; while using the douche pass the finger into the vagina with the palm backward. The minute you begin to feel the lower pouch filling up you must pause a moment, without a withdrawal of the nozzle. In this wise from one to four pints of water may be introduced without exciting immediate action. The patient must be quiet for about a half hour. It is not wise for the patient to resist the expulsive efforts of the muscles. The peristaltic action is very variable. Sometimes it will be set up very soon, and sometimes not for hours. I am unable to say how far up the water usually passes, but I am satisfied it passes through the large intestine to the valve. Retrospectively, I am satisfied, does occur under some circumstances. I recommend its use two or three times per day for a week or so, and then sometimes to be discontinued for a week. I recommend the douche principally for an inflammatory condition of the large intestines or the rectum, secondarily, a condition of the pelvic organs characterized by painful defecation or burning sensations about the ovaries."

**Ulceration of the Bowel following the Injection of a Pile with Carbolic Acid.**—Mrs. J. H. W., from an interior town in Kentucky, consulted me at the instance of her family physician, for rectal trouble, in July last. She gave this as the history of the affection: For several years she had suffered with what she had supposed to be internal piles. The first few months she lost blood both at stool and in the interval. Nothing at that time protruded from the bowel. Later on, however, the bleeding seemed to check, and a protrusion of a tumor would take place while at stool. After action the protruding part would retract of itself. Very little pain was experienced during the entire time, but for the inconvenience she sought the advice of an advertising physician. He diagnosed the case as one of internal piles, and recommended an operation. An injection of the tumors was practiced, consisting, it was inferred, of carbolic acid, of what strength is not known. The piles sloughed, and the woman believed herself to be cured, but after her return home pain manifested itself at stool, which would continue for hours after. The condition continued to grow worse until the time of her application to me. Upon an examination, an ulcer was found above the external sphincter muscle, and bordering upon the internal. It was about one-half inch in diameter, and looked very angry. It was caused, as could be very easily seen, by the sloughing of the tissues from the injection into the pile. She was at once put upon the proper treatment, but it was some weeks before she could be pronounced well. This is but one of a number of cases of ulceration following the injection of carbolic acid into piles, that has been seen by the writer, and is cited to show that sloughing is one of the immediate dangers to be anticipated in the carbolic treatment of piles.—*Louisville Med. Herald*, Nov.

**Miss Adelaide Neilson—Cause of Her Death.**—Dr. W. E. Johnston, of Paris, who frequently attended Miss Neilson during attacks of illness, states that the disease from which she suffered was principally gastralgia, dependent quite as much on moral causes as on errors in diet. In her last fatal attack, during a most violent recurrence of pain, she suddenly ceased to complain, went into a state of syncope, and died in the syncope. The post mortem examination made the next day disclosed the extraordinary fact, one of the rarest in the history of medicine, that in her writhings she had ruptured a varicose vein in the left Fallopian tube, and had died from internal hæmorrhage. Two quarts and a half of blood were found in the peritoneal cavity, and the ruptured vein presented an orifice of from four to five millimetres in diameter.—*Maryland Med. Jour.*

**Aihun.**—Aihun is called, in Brazil, a disease peculiar to the negro race of that country, which affects the small toes of the feet.

It is, according to the opinion of Dr. Guimaraes, a *sui generis* *gangrena*—a steady, slow, mysterious work of decomposition, only limited to the small toes of the feet, probably due to the lack of nourishment of these parts, that causes a retrograde metamorphosis in them, and gradually their final elimination from the body, without giving much trouble, at least in the commencement, to the general system.

The disease never appears among the white people. The first who

called the attention of the medical world in Brazil was Dr. Moncorco de Figueiredo. In a paper read before the Medical Academy of Rio Janeiro, in 1874, he related a case operated by him, and presented, at the same time, the pathological specimens.

Farther investigations were since pursued by other distinguished practitioners of that empire, such as Drs. Silva Lima, and Domingos de Almeida Martins Costa.

Later, Dr. Guimaraes has discovered an exception to the rule—that is, he had a case in which, not only the small toes were affected, but also the fourth.

The proximate cause of these strange phenomena is supposed to be in the contracture of the arteries that nourish the toes.

Not much is known with regard to the treatment of *aihun*.—*N. O. Med. Jour.*

**The Two Bogus Colleges Finally Wiped Out.**—The American University of Philadelphia, and the Eclectic Medical College of Pennsylvania, known to the community as Buchanan's Colleges, were, on September 30th, finally wiped out of existence. J. Howard Gendell, who represented the Commonwealth of Pennsylvania, filed his replication to the answers, put in by the colleges some time ago, to the quo warranto proceedings against them. The answers of these two corporations were, that they had a right to exercise their franchises by acts of the Legislature. Mr. Gendell's replication set out substantially that the colleges forfeited their rights under those acts, because they conferred degrees upon persons not possessing the qualifications prescribed in their charter; by selling diplomas; by granting degrees for doctor of medicine and antedating the diplomas so as to make it appear that the party had a right to practice medicine; and finally, by issuing diplomas with forged signatures. After the replication was filed, the counsel for Dr. Buchanan confessed judgment of ouster, and filed, as part of the record, a letter from Dr. Buchanan instructing him to do so.—*Med. and Surg. Rep.*, Oct. 9.

**Parotitis as a Complication of Ovariectomy.**—R. Moricke says that the not very uncommon concurrence of parotitis and inflammation of the testicle has its analogue in the female sex, certain cases having been recorded where parotitis followed or became intercharged with disease of the female sexual organs. Among two hundred ovariectomies reported by Schroder, parotitis was observed in five cases; only one of these could be referred to infectious disease, consequently there could be no question of metastasis. The enlargement began in one case on the fourth day, in the other cases from the sixth to the seventh day. In these cases suppuration of the parotid gland occurred. One patient died of this affection, so that in debilitated individuals it may be regarded as a serious complication of ovariectomy. The relationship of the two affections is difficult to understand.—*Phil. Med. Times.*

**Painless Operation for Ingrowing Nails.**—Dr. J. H. Converse, in *American Medical Journal*, says: "I will give this for the benefit of your readers, as perhaps it will be new to some of them. It

consists of wedging cotton under the free margin of the nail, placing over it a piece of adhesive plaster with a hole cut into it the size and shape of nail to be removed; then moisten the end of a pencil of caustic silver and apply it to part to be removed, taking care not to touch any other portion. The next day the nail will have assumed a black or brown appearance. Upon raising the nail it will be found to have become separated from the sub-adjacent tissue, and all that is required to complete the cure is to clip off the dead portion."

[We think it doubtful whether the cauterized portion can be clipped as early as the next day, as above stated, but publish it that it may be tested by our readers.—ED. REC.]

**Muriate of Ammonia in Intermittents.**—Dr. Smythe, in Michigan Medical News, in cases where a troublesome rash results from the use of quinine, says: "To avoid the liability of causing this very disagreeable affection, in all the subjects, who are known to be liable to be attacked by this peculiar rash when suffering with intermittents, (I have several such patients, my son being one), I have for many years substituted the hydrochlorate of ammonia, in powder, with the most happy and successful results. Fifteen grains every two hours, commencing eight or ten hours before the return of the paroxysm, four or five doses generally answering for the time, to be repeated for two or three days, thereafter in the same way."

**Arsenic in Consumption.**—In the Medical Press and Circular, Dr. Wm. A. Pearse says the success of the following combination in many cases of consumption has been so great that he feels it a duty to bring it before the profession.

R. Liqu. arsen. hydrochlor, *℥*lxiv., quinia sulph. grs. viij., acid hydrochlor dil. *ʒ*ij., syrup aurant. *ʒ*j., infus. chiretæ ad. *ʒ*vij. M.

This mixture equals sixteen doses, of which one was taken three times a day, after meals. In many cases ten minims of sea water were added to each dose; in others two grains of sulphate of manganese. The patients were directed to continue the medicine during six weeks, then to allow an interval of a week, and again to resume treatment.—*Medical Journal*.

**Fasting or Starvation.**—Mr. George Fleming, F.R.C.V.S., in the Veterinary Journal for September, referring to the supposed fasting experiment of Dr. Tanner, says that a similar cruel attempt was made with a number of horses in Paris in the spring of 1876. There was, indeed, this difference between the two cases, that the fast was forced upon the poor quadrupeds without their consent, and that there was a pretense of utility about the French experiment. The aim, as it was stated at the time, was to discover how long horses could go without food in the event of the scarcity which accompanies a state of siege. The following results were obtained from the inhuman experiment:

1. It was proved beyond all doubt that a horse can hold out for twenty-five days without any solid nourishment, provided it is supplied with sufficient and good drinking water.

2. A horse can barely hold out five days without water.

3. If a horse is well-fed for ten days, but insufficiently provided



with water throughout the same period, it will not outlive the eleventh day.

One horse, from which water had been entirely withheld for three days, drank on the fourth day sixty liters of water within three minutes. A horse which received no solid nourishment for twelve days was nevertheless in a condition on the twelfth day of its fast to draw a load of two hundred and seventy-nine kilos.—*Louisville Medical News*.

**The Topical Use of Ergot.**—The value of the local use of ergot is receiving endorsements from various quarters. It is particularly applicable in catarrhal diseases of the eye and throat. In chronic conjunctivitis it may be employed in the strength of gr. x. of the extract to 3 j. of water, a little glycerine being added to preserve the drug. In chronic pharyngitis, when the secretion is not very great, it makes an excellent ingredient of a gargle, or it may be used with tincture of iodine and applied with a probang. In cases of nasal catarrh, it may be applied by means of gelatine bougies. In using the ergot it should generally be combined with glycerine, as that agent both preserves it from decomposition, and keeps it longer in contact with the diseased surface.—*Medical Press and Circular*.

**Quinine as an Anti-Abortive.**—While many claim that quinine is capable of exciting uterine pains, we find Dr. Campbell, in *American Gynecological Gazette*, takes "the ground that the liberal use of quinine in malarial regions is absolutely essential to prevent abortion, and was sustained in his opinion by most of the debaters who took part in the discussion."

**Summer Complaint.**—Essence of camphor is recommended for summer diarrhoea of children. Five drops on a piece of sugar every ten minutes or a quarter of an hour, according to the severity of the symptoms, will nearly always stop it.

**Beri-Beri.**—Beri-beri is a constitutional disease of an infectious nature, whose etiology is unknown; assuming a mixed condition of paralysis and oedema, characterized by dyspnoea; disorder of the organs of digestion, of respiration, of circulation, and principally of the nervous system. The disease properly belongs to the tropical regions, where it prevails endemically or epidemically.

**Treatment of Puerperal Fever.**—Dr. Bell finds that no remedy is so effectual in purifying the system in cases of puerperal fever as the Edinburgh preparation of the tincture of the muriate of iron, when given regularly in full doses frequently repeated (*e. g.*, thirty drops every two hours.) The great error in the employment of this medicine is the timidity shown in giving it in sufficient doses; in consequence its good effects have been questioned in other diseases of a zymotic character, such as erysipelas, diphtheria, and scarlet fever. It has a remarkable effect in moderating the pulse and diminishing the secretion of pus. Dr. Bell thinks it right, however, to warn the practitioner against trusting to a new preparation of iron called the tinct. ferri perchloridi, which differs from the tinct. ferri muriatis in its formation, its medicinal effects, and in its analysis.—*The Edinburgh Medical Journal*.

## SCIENTIFIC ITEMS.

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**Copying Ink.**—Copying ink is made from many of the ordinary by the addition of sugar or glycerine, which prevent them from becoming perfectly dry. When a page written with this ink is moistened, the ink becomes sufficiently liquid to allow an impression to be taken from it on thin unsized paper.—*Boston Journal of Chemistry*.

**Why the Needle Points to the North.**—Prof. C. T. Pater-son, of the United States Coast Survey, in reply to an inquiry, wrote the following clear and concise explanation of the *directive* action of the magnetic needle :

The reason why the needle points in the northerly direction is that the earth in itself is a magnet, attracting the magnetic needle as the ordinary magnets do ; and the earth is a magnet as the result of certain cosinical facts, much affected by the action of the sun. These laws have periodicities, all of which have not as yet been determined.

A condensed explanation in regard to the needle pointing to the northward and southward is as follows : The magnetic poles of the earth do not coincide with the geographical poles. The axis of rotation makes an angle of about  $23^{\circ}$  with a line joining the former.

The northern magnetic pole is at present near the arctic circle on the meridian of Omaha. Hence the needle does not everywhere point to the astronomical north, and is constantly variable within certain limits. At San Francisco it points about  $17^{\circ}$  to the east of north, and at Calais, Maine, as much to the west.

At the northern magnetic pole a balanced needle points with its north end downward in a plumb line ; at San Francisco it dips about  $63^{\circ}$ , and at the southern magnetic pole the south end points directly down.

The action of the earth upon a magnetic needle at its surface is of about the same force as that of a hard steel magnet forty inches long, strongly magnetized, at a distance of one foot.—*Ibid.*

**Lunar Geology.**—J. Landerer has submitted to the Paris Academy a work in which he seeks to determine the lithologic character of our satellite. He thinks that the density of the moon and the angle under which it polarizes the light of the sun are such as to show that the materials of the surface are analogous to those of the silicate rocks.

**An Electro-Magnetic Experiment.**—According to Nature, Signor Agostini finds that if through a drop of mercury, lying on a surface not wet by it, a current of electricity be sent in a vertical direction it rotates under the influence of the earth's magnetism, as may be seen if a few particles of lycopodium powder be strewn on it. Similarly a mercury drop rotates when it is placed on the surface of a steel magnet, and the magnet is connected with a positive pole of a very weak element, while an electrode penetrating the drop from above is connected with the negative. From the strength and direction of rotation of a number of such drops, one may make visible the distribution of the magnetism in the magnetic bars themselves, as when an iron bar

is brought coaxially near to one end or into contact ; also in the latter. The results of previous experimental measurements are thus confirmed. —*Boston Journal of Chemistry.*

**The Blood of Intermittents.**—Dr. E. L. Moss, staff surgeon in the British Navy, has constantly found, after the lapse of forty-eight or more hours, organisms in the blood of intermittent fever which he was unable to find in fresh blood. The organisms consist of bacteria, singly or in pairs, in active movement, sometimes stationary in zooglyea groups, occasionally in chains of four or more. Dr. Moss's method would appear to exclude every possibility of infection.

If further investigation should confirm Dr. Moss's discovery, it will add greatly to our means of differentiation of fevers, and may lead to important therapeutic results. —*Medical Herald.*

**A New Battery.**—MR. REYNIER has introduced a new battery which is claimed to possess twice the electro-motive force of the ordinary Bunsen couple ; a solution of caustic soda is substituted for nitric acid, and the "porous" cell is constructed of parchment paper.

**A New Lens.**—Dr. CUSCO, of Paris, has invented a lens of variable focus, in which the pressure of transparent liquid is made to alter the curvature of the flat faces of a cylindrical cell of brass closed with thin glass discs ; the pressure can be regulated by a manometer gauge to any required degree within the limits of working.

**Atoms.**—Some important discoveries of tin have been made near Thornborough, Queensland ; it assayed, it is said, 74 to 76 per cent.

A LACUSTRINE village, rich in flint implements, and other relics of the age of stone, has been discovered near Gerlafingen, on the lake of Neuchatel.

THE electric light has been applied to illuminate a volcano ; there are nine lights on Mount Vesuvius.

M. PASTEUR has received the sum of \$8,000 from the French Government to enable him to continue his researches on the contagious diseases of animals.

DRS. DE LA RUE and MULLER determine the height at which the aurora borealis has its greatest brilliancy as about 38 miles ; at a height of 81 miles the light is pale and faint ; and at 124 miles above the surface, no electric discharge can take place to produce the phenomenon.

THE turbine wheel of a foundry at New Edinburgh (Ontario) was lately stopped three times by the enormous number of eels going down the river.

DR. WRIGHT, a pupil of the Philadelphia doctor factory, recently gave a burial certificate in the case of a child, setting forth that it had died of "collary fantum."

BENSON gave this sage advice to his friends : "In house accommodation live above your means, in clothing up to your means, and in food below your means."

## PRACTICAL NOTES AND FORMULÆ.

**Dyspepsia in Infants.**—Dr. Steiner recommends, in his Compendium of the diseases of children, the following formula, which he has often employed with good results in the treatment of dyspepsia in young children. Dyspepsia, the result of overloading the stomach with difficult digestible and badly assimilated foods, is a condition which is frequent in those who are brought up by hand. The treatment of such cases requires careful attention to diet, and where there is an excessive acidity of the stomach, magnesia and bicarbonate of soda may be employed as follows:

Soda bicarb.....	0.20—0.50 centigrams.
Aq. destill.....	80 grams.
Syrup simpl.....	10 "

Sig.: A dessertspoonful every two hours.

In those cases in which there is excessive alkalinity on the other hand, acids in a very dilute form are specially indicated, and of these more especially hydrochloric acid:

Acid hydrochlor, dilute.....	gtt. x.
Aq. destill.....	70 grams.
Syrup simpl.....	10 "

Sig.: A teaspoonful every two hours.

With very young children a dose of a centigram of pepsin may be administered before each meal.

The dyspepsia of older children, due to improper diet, can sometimes be quickly cured by an emetic and strict attention to diet. Colic of a dyspeptic character may often be cured by the employment of the following:

Soda bicarb.....	0.50—0.80 centigrams.
Aq. fœnicul.....	80 grams.
Syrup diacod.....	gtt. xv

Sig.: A teaspoonful every two hours.—*Therapeutic Gazette.*

**Pruritus Vulvæ.**—A writer in New York Medical Record says: I have found the applications of the balsam of Peru useful, of which I use the following:

R Pulv. gummi arabic.....	3 ij.
Peruvian balsam.....	3 j.
Oil of almonds.....	3 jss.
Rosewater.....	3 j.

M. S. Apply freely with a camel's-hair brush, eight or ten times a day to the itching part.

This latter prescription, which was first suggested by Hufeland, I have also used for the past nineteen years, with the most happy results, for sore nipples, applied every hour for a few days. It has never failed in my hands to cure this troublesome affection. I prefer this prescription to the use of borax and alcohol, the nitrate of silver, the zinc ointment, or the saturated solution of borax, highly recommended by others.

**Desiccated Blood.**—The following formula for desiccated blood is used in the New York Hospital :

“ Desiccated blood as thus prepared is completely and readily soluble in water at all temperatures below 160° F., and contains all the elements of blood except water and fibrin. The loss of the latter does not seem to impair its nutritive value, being but a very small proportion of the nitrogenous constituents of the blood.”

A drachm of dried blood is necessary to represent a fluid ounce of blood of ordinary specific gravity.

R	Sang. bov. exsicc.....	3 vij.
	Aqua.....	3 iv.
	F. sol. et. adde.....	
	Glycerine.....	
	Spts. vini gallici, aa.....	3 j.

Sig. : A tablespoonful every three hours.

**Prescriptions in Disturbed Menstruation.**—In the Chicago Medical Gazette, Jan. 20, 1880, the following formula is recommended as a valuable remedy for a scanty, irregular menstruation, when associated with and dependent upon anæmia, neuralgia and neurasthenia :

R	Tincturæ ferri chlor.....	3 x.
	Liquor potassæ arsenitas.....	3 ij.

M. Sig. : Twelve drops after each meal, through a glass tube, in about one-third glass of water.

From the same source we are informed that the following prescription is specially serviceable in the various nervous manifestations which accompany the menopause :

R	Sodii bromidi.....	3 iv.
	Tincturæ nuclei vomicæ.....	3 ij.
	Elixir. calisayæ.....	3 ij.
	Syrupi pruni virg.....	3 j.
	Elixir, simplicis.....	3 vi.

M. Sig. : Two drachms, two, three or four times a day, as needed.  
—*Obstetric Gazette.*

**Remedy for Corns.**—Mr. Gezow, an apothecary of Russia, recommends the following, in the Pharmaceutische Zeitung, as a “sure” cure for corns, stating that it proves effective within a short time and without causing any pain. Salicylic acid, 30 parts; extract of cannabis indica, 6 parts; collodion, 240 parts. To be applied by means of a camel-hair pencil.—*Med. and Surg. Rep.*

**The Turkish Bath in Hay Asthma.**—A sufferer from Hay Asthma writes to the daily press of this city, that by taking a Turkish bath daily, from the time the first symptoms appeared, he has for three summers succeeded in almost wholly escaping this most annoying complaint. He, moreover, does not have a relapse when cold weather sets in, and so far from finding the baths debilitating, they prove decidedly tonic.—*Med. and Surg. Rep.*

**Formula for Sore Nipples.**—Dr. Howell recommends the following in the Canada Medical Record:

R Tannin..... 3 j.  
 Sub-nit bismuth..... 3 ij.  
 Vaseline..... 3 j.

M. Sig.: To be applied constantly when the child is not nursing. [The tincture of benzoin is an excellent application for sore nipples. It is harmless to the child and painless to the mother. When applied it deposits a gummy coating which shields the excoriated surface, and which the child seldom removes in sucking.—ED. REC.] W.

**Preservative Fluid.**—The preservative fluid of the Grecian government is made up of: Alum, 100 parts; common salt, 25; nitre, 12; potass. carb., 60; arsenic, 10; and water 1,000 parts. Mix, cool and filter. Then add to ten parts of this fluid, by measure, four of glycerine and one of methylic alcohol. Bodies saturated in this will, it is claimed, keep for years their form, color and flexibility. The method is partly by injection and partly by immersion. The smaller objects of natural history collections, as snakes, birds, fruits, butterflies, algæ, etc., are preserved as perfectly as larger bodies. Dr. Wickerscheimer was the inventor of the process, the patent for which has been purchased by the government, and then by it the composition has been made public.—*Mich. Med. News.*

**Falling of the Hair.**—Mr. James Startin, in the British Medical Journal, suggests the following application in general loss of hair without obvious cause:

R Ung. petrolei.....  
 Ol. ricini, a a. .... 3 ss  
 Hyd. ox. rub. .... gr. v.  
 Liq. ammon. fort..... f 3 ss.  
 Ol. rosmarini..... gtt. v.—M

**Only a Slight Gonorrhœa.**—Some time since a young lady of Richmond, Va., by some strange fatality stumbled upon the word *gonorrhœa*. She innocently asked the family physician its meaning. He told her that it was the technical name for headache. Being visited by a medical student regularly, who seemed very much in love with her, she, doubtless to show her aptitude at medical technicalities, (when at his next meeting he asked after her health), informed him that she had had a "slight gonorrhœa for the last four or five days!" He never came again, and she wonders why?—*Sou. Clinic.*

**Iodoform in Syphilitic Neuralgia.**—M. Mauriac speaks of a method usually employed with success by Prof. Zeiszl, of Vienna, to combat syphilitic neuralgia. He treats it with pills of iodoform, made according to the following formula:

R Pulv. iodoform..... grs. xx.  
 Ext. et pulv. gentiana ..... q. s.

M. ft. pil. No. xx.

Sig.: Two or three pills daily.—*Jour. de Med. et de Chirurgie.*

**For Painful Hemorrhoids.—**

R	Ext. belladonna.....	2 dr.
	Iodoform.....	1 dr.
	Acetate of lead.....	$\frac{1}{2}$ dr.
	Vaseline.....	1 oz.

M.

S. Apply three or four times daily in small quantities.

The above will be found a most excellent application for painful or inflamed piles. The tumors should be bathed in cold water just before each application, and the bowels kept freely open with a gentle purgative.—*Med. Herald.*

**Treatment of Gaseous Dyspepsia.**—In this form of dyspepsia, accompanied by fermentation with the rapid disengagement of large volumes of gas after meals, the most satisfactory remedy is chloroform, in the dose of fifteen to twenty drops in a little syrup. After a few moments the gas is expelled from the stomach and fermentation arrested.

**Chinese Varnish.**—This is prepared by mixing three parts of freshly-beaten defibrinated blood with four parts of slacked lime and a little alum. The thin-liquid mass may be used at once. Pasteboard coated with it is said to become as hard as wood. Straw baskets may be rendered by it water and oil tight.—*Polyt. Notizbl.*

**Hemorrhoids Treated with Capsicum.**—In cases of hemorrhoidal congestion, Vidal regards capsicum annum as the best remedy as the best remedy. He prescribes four or five pills daily, each containing 20 centigrams, half at breakfast time and half at supper time. Under this influence the congestion and all the painful symptoms which accompany it disappear rapidly.—*Jour. de Med.*

**Treatment of Diphtheria.**—M. Crequy, according to La France Medicale, commences his treatment of diphtheria by removing the false membrane with a forceps; he endeavors by a twisting motion to remove the membrane, without breaking it, in as large a piece as possible; he then with a sponge dabs the denuded mucous surface with a solution of tannin. He never hesitates to adopt this method in all cases.—*Med. and Surg. Rep.*

**For the Cure of Tubercular Laryngitis.**—Dr. Wm. Pepper gives the following prescription:

R	Tr. benzoi comp.....	fl. 3 ij.
	Glycerine.....	fl. 3 ss.
	Aquæ.....	fl. 3 iv.

Sig.: To be used as a gargle.—*Canada Med. Rec.*

**Disguising the Taste of Epsom Salts.**—According to the *Gaz. des Hop.*, June 12, 1880, the purgatif Yvon consists of sulphate of magnesia twenty grams, water forty grams, and essence of mint two or three drops. The essence of mint completely masks the disagreeable taste of the sulphate, providing that the quantity of the vehicle is inconsiderable.—*Med. and Surg. Rep.*



## EDITORIALS AND MISCELLANEOUS.

### SPECIAL NOTICE.

*Renewals.*—All our subscribers who do not notify us to the contrary, on or by the 15th of January next, will be considered as having renewed their subscriptions and will be entered on the list for 1881.

We hope, friends, that you will not only allow us so to enter your names, but that each one will send us at least one new subscriber. If so, will allow you club rates—\$1.50 each or \$3.00 for yourself and a new subscriber. In this case the cash should accompany the order.

### EDITORIAL NOTICES.

*Death of Dr. Seguin.*—Dr. Edward Seguin died at his residence in New York City, on October 28th, 1880, aged sixty-nine years. Dr. Seguin's specialty was the treatment of Idiocy and all nervous affections, in which he acquired considerable ability.

*The Hammond Prize.*—A prize of \$500 is offered by the American Neurological Association to the author of the best essay on the functions of the Thalamus Opticus in Men. Information regarding the same may be had by addressing Dr. F. T. Miles, of Baltimore, or Dr. J. S. Jewell, of Chicago.

*Trommer Extract of Malt Co.*—The advertisement of the above reliable establishment may be seen on inside front cover of our Journal.

These Malt combinations are excellent in quality and variety, and are too well established to require special notice at our hand.

The Company is liberal and even charitable in its dealings. We are pleased to make mention of a recent donation of a large lot of these preparations to the Dispensary of The Southern Medical College in Atlanta. These goods are warmly appreciated by the Faculty, and will prove a blessing to the indigent sick who so largely attend the Dispensary.

*Withdrawals from College Association.*—The following schools are reported as having withdrawn from The College Association: Bellevue Medical College; College of Physicians, New York; Medical Department University of New York; and Rush Medical College.

*Our Advertising Department.*—This Department of our Journal will meet with special attention the ensuing year. We will endeavor to insert the advertisements of none but first-class establishments, and it will be our aim to promote their interest in every legitimate way. As a rule, those who advertise liberally are live business men and deserve the patronage of the public.

We ask our subscribers to read the advertisements, and to encourage their home Merchants and Druggists to patronize them. As we again remind our readers that the advertisements cost them nothing, as we give the same amount of reading matter each month.



*Reed & Carnrick.*—We invite special attention to Reed & Carnrick's new advertisement in this Journal. Their preparations are highly approved and in very general use. The variety of their Maltine Compounds are such as to cover all indications, and are very convenient to the practitioner.

The house is reliable and well established, and does not need any special mention. See their advertisement. It will be found full and satisfactory upon all points.

### OUR JOURNAL NEXT YEAR.

Evidences of the present and growing popularity of the *Southern Medical Record* are manifest in the renewals of subscription almost daily coming in, and the frequent additions to our list of new names from various sections of the country. The renewals very frequently make favorable mention of our Journal—its practical features and the satisfaction which they derive from perusing its terse and well selected pages. These facts are very satisfactory to the Editors, and will encourage them to renewed and stronger efforts to increase its interest and usefulness to our readers.

### ARREARAGES—HOW TO "FEEL BETTER."

Notices will be found in the present issue, to those in arrears, requesting payment. Friends, the time is favorable for settling up. To those who have promptly and kindly responded to our appeal made in the last number, we return our thanks, and respectfully request all others to respond at once, that we may be able to close up the business of the year, and to meet the increased demands which culminate so heavily upon the Journalist at this season. Friends, don't put off the matter, but act at once, and when it is done you will feel better; the printers will feel better, the editors will feel better, the Journal will read better, your patients will get better, and you, as a Doctor, will be better.

We are pleased here, to give place to a somewhat amusing extract sent us by a medical friend, who was kind enough to call on another subscriber (his neighbor), and collect his subscription which he remitted with his own. Dr. Land, the party called on, made allusion to the dun in the last issue, and our facetious correspondent, who is also something of a poet, sends us in rhyme the substance of what he said, as follows:

"Said Doctor Land, that Journal Man  
Has sent a dunning letter;  
I will not fret but pay the debt,  
And then I'll feel much better;

For well I know the book is low,  
For twelve long months of pleasure;  
'Tis filled with lots of useful dots—  
Indeed it is a treasure."

A friend in need it is in deed—  
It always makes me wiser;  
And none will fail the cash to mail,  
But a Skinflint or a Miser

### BOOK NOTICES.

**DISEASES OF THE PHARYNX, LARYNX AND TRACHEA.** By Morrell Mackenzie, London, Senior Physician to the Hospital for Diseases of the Throat, at the London Hospital Medical College, and Corresponding Member of the Imperial Royal Society of Physicians of Vienna. New York: William Wood & Co., 27 Great Jones street.

A valuable illustrated work, of 418 octavo pages. The author states

that "The work is based partly on the course of lectures which I have annually delivered at the London Hospital Medical College during the last twelve years, and partly on my essay on 'Diseases of the Larynx,' to which the Jacksonian Prize was awarded by the Royal College of Surgeons of England. Some of my lectures have appeared in the Journals, but by far the larger portion of the matter contained in these pages is now published for the first time"

His views on the treatment of syphilis he summarizes as follows: (1) "That specific anti-syphilitic treatment is only required when serious constitutional symptoms are present; (2) that specific treatment in the early stages does not ward off the later manifestations of the affection; (3) that local treatment, analeptic remedies, and hygienic measures are of the utmost importance; (4) that the disease itself, except under unfavorable circumstances, tends toward spontaneous cure; and (5) that the development of serious pathological changes depends on conditions inherent in the patient himself.

It will, I hope, be understood that whilst employing iodide of potassium more frequently, I nevertheless consider mercury a valuable, and in some cases, an indispensable remedy."

#### ANNUAL REPORT OF THE SURGEON GENERAL, UNITED STATES ARMY, 1880.

Surgeon General Barnes' Report for the fiscal year ending June the 30th, 1880, is a document of interest, evincing the characteristic ability and energy of this officer.

To the seven thousand eight hundred and twenty-eight (7,828) cases of injuries and operations reported in the Army of the United States, from the date of the publication of Circular 3, in 1871, to the close of the fiscal year ending June 30, 1879, have been added during the past year, one thousand and thirty-four (1,034) cases, making a total of eight thousand eight hundred and sixty-two (8,862) cases, viz: two thousand four hundred and ninety-nine (2,499) injuries of the head, one hundred and forty-one (141) of the face, sixty-five (65) of the neck, six hundred and sixteen (616) of the trunk, one thousand five hundred and seventy-six (1,576) of the upper extremities, one thousand and fifty (1,050) of the lower extremities; two thousand and fourteen (2,014) simple fractures, luxations and sprains, and nine hundred and one (901) injuries of a miscellaneous nature.

*Surgical Statistics of the War.*—Through correspondence with medical officers of the civil war, from reports of pension examiners, and from surgical journals and publications, additional data were obtained in three thousand eight hundred and eight (3,808) cases of injuries. Searches among the records of the Pension Office and of the Record and Pension Division of this Office gave further information in one thousand seven hundred and twenty-seven (1,727) and two thousand and eighty-one (2,081) cases respectively.

#### A PRACTICAL TREATISE ON SURGICAL DIAGNOSIS DESIGNED AS A MANUAL FOR PRACTITIONERS AND STUDENTS.

By Ambrose L. Ranney, A. M., M. D., Adjunct Professor of Anatomy and late Lecturer on the Surgical Diseases of the Genito-urinary Organs, and on Minor Surgery in the Medical Department of the University of New York; late Surgeon to the Northwestern and Northern Dispensaries, Resident Fellow of the New York Academy of Medicine, Member of the Medical Society of the County of New York, etc. Second edition—enlarged and revised. New York: William Wood & Co., 27 Great Jones street. W. B. Dalton, Agent, Atlanta, Georgia.

The work contains 471 large octavo pages, in cloth, beautifully printed in large, plain type. The second edition following so soon after the first, gives evidence of the demand for the work and its usefulness to the pro-

fession. The remarks in the Preface that he has followed the suggestions which have from time to time been made to him by instructors throughout the country, and endeavored to make the volumes especially valuable and attractive to the student in Medicine, as well as to those more advanced in the knowledge of the profession. The present volume is more full and complete than the first, and is in all respects a most practical and valuable work.

**DANGERS AND TREATMENT OF EAR DISEASES.** By Albert H. Buck, M. D., Aural Surgeon to the New York Eye and Ear Infirmary; Instructor in Otology, in the College of Physicians and Surgeons, in the City of New York. New York: William Wood & Co., 27 Great Jones street, 1880.

The above is an illustrated work of 400 octavo pages, in which the diseases of the Ear are presented in a text book form, and drawn from private and hospital practice; the treatment suggested having been found by experience to be safe and efficient. The work is full and practical, and constitutes a valuable addition to our works in this department.

**COPY OF LINDSAY & BLAKISTON'S VISITING LIST FOR 1881.** Thirteenth year of its publication. Always welcomed by the profession; Containing Almanac, Table of Signs, Poisons and Antidotes; The Metric System, and other information valuable to the Practitioner, at prices varying from \$1.00 to \$3.00, according to size, etc Philadelphia: Lindsay & Blakiston.

#### RECEIPTED.

[Receipts not acknowledged privately are entered here.]

1880—Drs. A. B. Loving, J. R. Wilson, A. J. Ellis, W. B. Thomason, J. J. Grace, J. A. Agnew, W. W. Leak, J. A. Gordon, T. N. Skeen, W. Culbertson, Jno. Elsner, C. Bethune, A. A. Stanley. 1881—J. E. Fripp, G. L. Landes, J. R. Moon, J. A. Holloway, C. C. Hammond, A. P. Harris, J. H. Reynolds, T. S. Fox, Jno. T. Lee, J. H. Wyson, J. S. Carothers.

## SPECIAL NOTICES.

We have received from Messrs. WM. R. WARNER & Co. samples of their pharmaceutical preparations for the use of physicians and practitioners. These preparations have received high awards at the centennial and other international exhibitions, and have attained a considerable reputation in America.

Warner & Co.'s sugar-coated pills are extremely well made; have a smooth, elastic coating; and, if cut through, the mass within is found to be soft and easily soluble. They include phosphorus pills, containing 1-50 of a grain of phosphorus in each; have been especially praised by the judges on account of the completeness with which the phosphorus is diffused and subdivided whilst it is protected from oxidation.

**COCA** (*Erythroxylon Coca*).—The properties of this drug have long been familiar to the natives of Bolivia and Peru, to which countries it is indigenous. It is a powerful nervous stimulant, and increases the power of the muscular system to sustain fatigue. It has also a pleasant, general, excitant influence, removing fatigue and languor. Its effect on the brain is to stimulate that organ to greater activity, and to relieve the mind of the depression incident to worry and anxiety.

Considerable interest has been excited in this new remedy by the report of Prof. E. R. Palmer, M.D., of the University of Louisville, on its efficacy in the treatment of opium habit.

A pure article of coca is furnished by **PARKE, DAVIS & CO.**, Detroit, Mich.

We would call attention to the advertisement, on page 9, of Messrs. **HENRY THAYER & CO.**

This is an old and honorable house, having been established in their branch of Pharmaceutical Chemistry over thirty years.

All of their preparations are faithfully made of full strength, elegant in appearance, and have deservedly won a wide reputation. Physicians and druggists may depend upon the correctness and accuracy of any preparation bearing their label.

Their list of new Fluid Extracts is extensive, and the genuineness of indigenous raw material is certified at the Botanical Gardens of Harvard University.







